

Case Number:	CM15-0195269		
Date Assigned:	10/09/2015	Date of Injury:	07/09/2012
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37 year old male who sustained an industrial injury on 7-9-12. Diagnoses are noted as disc protrusion L4-5 (7-8mm x 13mm x 20mm) and L3-4 (4-5mm) per MRI 8-17-12, bilateral L5 radiculopathy, disc extrusion L4-5 (12x7mm) per MRI 10-31-13, disc bulge L3-4 (3mm) per MRI 10-31-13, status post laminectomy and discectomy L4-5 (9-4-14), and probable right L4-L5 radiculopathy. In a progress report dated 9-4-15, the physician notes complaint of low back soreness and radiating pain to the outer right calf and numbness to the right foot toes. It is noted Meloxicam and Omeprazole had been denied and he is now taking over the counter Advil for pain. Objective findings note diminished sensations -all toes, right. The treatment plan notes to "continue over the counter medication as prescribed medications are not being authorized", continue exercises, and physical therapy 2 times per week for 6 sessions. Work status is to remain off work until 10-15-16. In a physical therapy treatment note dated 9-9-15, it is noted this is visit #15, and he is "showing good progress, but still limited with his strength in the right leg and trunk, still not progressed to lifting over 10 to 15 pounds." Pain at rest was rated at 1 out of 10 and at worst was rated 4 out of 10. Sitting capacity is reported as only able to sit less than one hour per day and is able to stand less than one hour per day. Previous treatment includes at least 15 physical therapy visits, medication, and surgery. The requested treatment of physical therapy-lumbar spine, 6 sessions was on non-certified 9-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy, lumbar spine, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar spine six sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are this protrusion L4 - L5; bilateral L5 radiculopathy; disc extrusion L4 - L5; status post laminectomy and discectomy L4 - L5; and probable right L4 - L5 radiculopathy. Date of injury is July 9, 2012. Request authorization is September 4, 2015. According to a September 4, 2015 progress note, the injured worker is status post lumbar laminectomy/discectomy L4 - L5. Subjectively, the injured worker complains of low back soreness with radiation to the right calf. The worker completed six new physical therapy sessions area the physical therapy documentation indicates the injured worker received, at a minimum, 17 physical therapy sessions. The specific number is not specified. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically warranted. There is no physical examination of the lumbar spine in the most recent progress note dated September 4, 2015. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation with the physical examination of the lumbar spine from September 4, 2015 and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, lumbar spine six sessions is not medically necessary.