

Case Number:	CM15-0196579		
Date Assigned:	10/12/2015	Date of Injury:	04/08/2003
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66-year-old male, who sustained an industrial-work injury on 4-8-03. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having degenerative scoliosis, degenerative spondylolisthesis at L4-5, multilevel spinal stenosis, and bilateral radiculopathy. Treatment to date has included medication, surgery (L2-L5 decompression). MRI revealed severe multilevel disc degeneration with bone on bone collapse from L1-5. X-rays report dated 8-14-15 demonstrated severe bone collapse from L4-5, degenerative scoliosis with rotary subluxation and spondylolisthesis at L4-5. Currently, the injured worker complains of increased difficulty with ambulation with pain radiating down both legs rated 7 out of 10. Medications include Ultram ER and Celebrex. He also has depression. Per the primary physician's progress report (PR-2) on 8-14-15, exam noted weakness in the left greater than the right extensor hallucis longus and anterior tibialis at 4 out of 5, diminished sensation along the dorsum of the left foot, and positive straight leg raising. Current plan of care includes conservative treatment with physical therapy. The Request for Authorization requested service to include Physical Therapy 12 visits. The Utilization Review on 9-17-15 modified the request for Physical Therapy 8 visits, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The injured worker sustained a work related injury on 4-8-03. The medical records provided indicate the diagnosis of degenerative scoliosis, degenerative spondylolisthesis at L4-5, multilevel spinal stenosis, and bilateral radiculopathy. Treatment to date has included medication, surgery (L2-L5 decompression). Treatments have included medication, surgery (L2-L5 decompression). The medical records provided for review do not indicate a medical necessity for Physical Therapy 1-2 times a week for 6 weeks. The MTUS recommends a fading treatment of 8-10 visits over 4-8 weeks followed by home physical exercise program.