

Case Number:	CM15-0197885		
Date Assigned:	10/13/2015	Date of Injury:	06/30/2015
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This is a 40 year old male who sustained a work-related injury on 6-30-15. Medical record documentation revealed the injured worker was being treated for slow recovery of transverse process of the lumbar spine. On 9-4-15, the injured worker reported significant pain with numbness, tingling and weakness in the bilateral lower extremities. He reported that when he used his back brace he felt relief; however when he removed the brace he had a lot of pain in the low back with radiation of pain to the bilateral lower extremities. He used anti-inflammatory medications and these medications were not covering his pain. Objective findings included difficulty with positional changes such as getting up out of a chair, difficulty elevating onto his toes or his heels. He had some diffuse decreased sensation in the bilateral lower extremities in the L3-4, L4-5 and L5-S1 dermatomes. The injured worker had eight sessions of physical therapy from 8-4-15 to 8-21-15. On 8-21-15, he reported his low back pain level a 6-9 on a 10-point scale. His initial low back pain rating on 8-4-15 was 6-9 on a 10-point scale. The evaluating physician noted at the eighth physical therapy session for the lumbar spine that the injured worker had "made no progress toward meeting this goal as evidenced by little to no change in status." He was instructed in a home exercise program. An MRI of the lumbar spine on 9-15-15 revealed 7 mm left paracentral disc protrusion at L4-5 which impinged on the traversing left L5 nerve root and resulted in mild central stenosis and possible L5 spondylosis. A request for physical therapy two times per week for six weeks for the lumbar spine was received on 9- 25-15. On 9-29-15, the Utilization Review physician modified physical therapy two times per week for six weeks for the lumbar spine to five sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x/week for 6 weeks (12 visits) for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Physical therapy guidelines.

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

Decision rationale: Review indicates the request for physical therapy was modified for 5 sessions. Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 2x/week for 6 weeks (12 visits) for the lumbar spine is not medically necessary and appropriate.