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| Case Number: | CM15-0198542 | | |
| Date Assigned: | 10/13/2015 | Date of Injury: | 09/12/2012 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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, Hawaii

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:

The injured worker is a 40 year old male with an industrial injury date of 09-12-2012. Medical record review indicates he is being treated for lumbar herniated nucleus pulposus, left lumbar herniated nucleus pulposus with radiculopathy and status post MLD 04-25-2014. Subjective complaints (08-31-2015) included back pain with radiation to the lower extremities rated as 8-9 out of 10. The injured worker described the pain as "constant." Associated symptoms were a burning sensation over the left lower extremity radiating down to the lateral aspect of left foot. The treating physician indicated the injured worker was currently not working with his last day of work being 10-18-2013. His current medication included Norco (08-31-2015). Prior treatments included epidural steroid injection, spinal cord stimulator, TENS unit and physical therapy (number of treatments not indicated). Physical exam (08-31-2015) noted a slow antalgic gate. Tenderness was noted through the lumbar paravertebral regions. Back flexion was approximately 60 degree and extension 30 degree. Straight leg raise was positive on the left. The treating physician requested 12 lumbar spine physical therapy visits to work on core stabilization and strengthening "as he obviously needs it as he is so deconditioned." On 09-14-2015 the request for physical therapy 2 times a week for 6 weeks to lumbar and/or sacral vertebrae was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to lumbar and/or sacral vertebrae: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Physical therapy 2 times a week for 6 weeks to lumbar and/or sacral vertebrae. The treating physician report dated 8/12/15 (541B) states, I will also re-request 12 lumbar spine physical therapy visits to work on core stabilization and strengthening as he obviously needs it as he is so deconditioned. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the lumbar spine. The patient's status is not post-surgical. In this case, while physical therapy may be medically necessary, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.