

Case Number:	CM15-0199174		
Date Assigned:	10/14/2015	Date of Injury:	10/21/2004
Decision Date:	11/20/2015	UR Denial Date:	10/01/2015
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

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 57 year old female, who sustained an industrial injury on 10-21-2004. The injured worker was being treated for low back pain radiating down to mid back and right buttock, status post lumbar spine L4-L5 decompression and posterolateral fusion. Treatment to date has included diagnostics, lumbar spinal surgery in 8-2009, and medications. Currently (9-09-2015), the injured worker complains of chronic back pain and onset of numbness and tingling in the legs. She wished to have some physical therapy, "as it has been quite a few years since she is having any form of treatment to this area". Physical exam noted stiffness and spasm to the back and mildly positive straight leg raise. Current medication regimen was not documented on 9-09-2015. Work status was "per AME". Per the Request for Authorization dated 9-17-2015, the treatment plan included physical therapy for the lumbar spine, 2x6, modified by Utilization Review on 10-01-2015 to physical therapy for the lumbar spine x8 (2x4).

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 (12 sessions) for the lumbar spine: 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: Review indicates the request for PT 12 sessions was modified for 8 visits. Submitted reports have report of acute flare-up with specific physical limitations to support for physical therapy. 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. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the patient has received authorization for 8 visits for flare-up without clear specific functional improvement in ADLs, functional status, or decrease in medication and utilization to support further treatment beyond guidelines criteria and shoulder be transitions to the previous HEP. The Physical therapy 2 times a week for 6 weeks (12 sessions) for the lumbar spine is not medically necessary and appropriate.