

Case Number:	CM15-0199873		
Date Assigned:	10/15/2015	Date of Injury:	10/18/2013
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 52 year old male who sustained an industrial injury on 10-18-2013. A review of the medical records indicates that the injured worker is undergoing treatment for advanced discogenic collapse at C4-C5 with segmental discopathy and multilevel lumbar spondylosis L3 through S1 without neural compromise. Per the progress report dated 7-8-2015, the injured worker had a difficult time standing and transitioning from a seated to a standing position. He walked with an antalgic gait. According to the progress report dated 7-29-2015, the injured worker was two weeks status post anterior cervical discectomy and fusion (ACDF). He was noted to be doing well overall. Some of his upper back pain had improved. Per the treating physician (7-29-2015), the injured worker was to remain off work. The physical exam (7-29-2015) revealed wound was clean, dry and intact. Motor strength testing was intact. Treatment has included physical therapy (June 2014), and medications. The treatment plan (7-29-2015) was for physical therapy twice a week for six weeks to initiate in six weeks. The request for authorization was dated 8-17-2015. The original Utilization Review (UR) (9-18-2015) denied a request for 12 physical therapy treatments for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy treatments to 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: 12 physical therapy treatments to the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior lumbar PT. The MTUS recommends a transition of supervised therapy to an independent home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.