

Case Number:	CM15-0203449		
Date Assigned:	10/20/2015	Date of Injury:	01/09/2015
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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 30-year-old male who sustained an industrial injury on 1-9-2015 and has been treated for low back pain, lumbar sacroiliitis, and, lumbar and cervical myofascial pain. MRI 2-20-2015 had showed spondylolisthesis with some severe degenerative disc disease, disc protrusion at L5, and severe bilateral neural foraminal stenosis and intraneural compression. On 9-4-2015 the injured worker reported a flare up of low back pain, and stated since hernia repair surgery on 6-2-2015, it has worsened. He stated he is eager to go back to work. Objective examination revealed left sacroiliac joint tenderness, positive Patrick's, Gaenslen's and Fortin's finger test; lumbar myofascial tenderness; and, limited range of motion with forward flexion and extension. Documented treatment includes at least 5 visits out of 6 of physical therapy- chiropractic treatment, home exercise and walking 30 - 40 minutes per day, Motrin, Lidocaine ointment, and Voltaren gel. The physician has request left sacroiliac injection which was denied. The treating physician's plan of care includes a request for 12 sessions of physical therapy for the lumbar spine which was denied on 9-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Twice Weekly for 6 Weeks, Lumbosacral 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: Clinical reports submitted also had no focal neurological deficits or ADL limitation to support for further therapy treatment as the patient was noted to be eager to return to work. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals when the patient has no defined deficits. 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 employee has received per report 5 of 6 therapy-chiropractic sessions without demonstrated necessity or indication to allow for additional therapy treatments beyond criteria for total of 18 sessions if authorized. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has already been transitioned to an independent home exercise program, walking 30-40 minutes per day. Submitted reports have not adequately demonstrated the indication to support for the additional physical therapy. The Physical Therapy, Twice Weekly for 6 Weeks, Lumbosacral Spine is not medically necessary and appropriate.