

Case Number:	CM15-0203979		
Date Assigned:	10/20/2015	Date of Injury:	04/26/2009
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 50 year old female who sustained an industrial injury on 4-26-09. A review of the medical records indicates she is undergoing treatment for failed back surgery syndrome, post lumbar spine surgery x 2 and cervical spine and trapezial musculoligamentous sprain and strain with "attendant" right greater than left upper extremity radiculitis (6-11-15). Medical records (9-8-15) indicate complaints of low back pain radiating to bilateral lower extremities. She also complains of bilateral lower extremity weakness. The majority of records are illegible. However, the physical exam on 9-8-15 indicates lumbar spasms and a positive straight leg raise bilaterally. The 8-8-15 record indicates that she completed 12 sessions of chiropractic treatment and has progressed to a home exercise program. She is not working. Treatment recommendations include physical therapy twice a week for 6 weeks and continuation of medications. The utilization review (10-8-15) includes a request for authorization of physical therapy 2x a week for 6 weeks. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x wk x 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are largely illegible according to the September 8, 2015 and written progress note. Date of injury is April 26, 2009. Request for authorization is October 1, 2015. The documentation indicates the injured worker has failed back surgery syndrome, post lumbar spine surgery times two discectomy and decompression of L5 - S1 and revision of laminectomy, discectomy and decompression of right L5 - S1 nerve root with instrumentation with post-operative development of post surgical room infection requiring hospitalization for IV antibiotic treatment, debridement procedure with delayed surgical room closure and postoperative residual including right greater than left lower extremity radiculitis. According to the September 8, 2015 progress note, subjective complaints include ongoing low back pain with radicular symptoms radiating to the bilateral lower extremities. There is weakness present. The documentation is otherwise largely illegible. Objectively, there is decreased range of motion, darting and spasm present. There is positive straight leg raising. There is no quantification of motor weakness. There is no documentation indicating the total number of physical therapy sessions to date. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to date, no documentation of objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times six weeks to the lumbar spine is not medically necessary.