

Case Number:	CM15-0207011		
Date Assigned:	10/23/2015	Date of Injury:	04/06/2012
Decision Date:	12/09/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial-work injury on 4-6-12. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and lumbar facet arthropathy. Medical records dated 9-23-15 indicates that the injured worker complains of axial low back pain that is worse with lumbar extension. The physical exam dated 9-23-15 reveals lumbar tenderness to palpation, decreased range of motion, and pain worsened with extension and rotation. The physician indicates that he recommends physical therapy post lumbar epidural steroid injection (ESI) to improve range of motion, strength and stiffness as his pain is largely improved. Treatment to date has included pain medication , medial branch blocks 2-25-15, 9-9-15 with great relief of pain, epidural steroid injection (ESI) L4-5 done on 12-10-14 with partial relief of pain, diagnostics, activity modifications and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 5-7-13 reveals lumbar annular tear, facet arthritis, and foraminal stenosis impinging on the left L5. The request for authorization date was 9-24-15 and requested service included Post injection physical therapy x12. The original Utilization review dated 10-1-15 modified the request for Post injection physical therapy x12 modified to post injection physical therapy x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post injection physical therapy x12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Physical therapy guidelines.

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, according to the records provided had completed some physical therapy over the course of treatment soon after his injury. The request for additional physical therapy was based on the worker needing it, which is agreed. However, there was no evidence to suggest this worker was unable to perform home exercises as the primary form of physical therapy. If there was a need for reinstruction and guidance with these exercises for the lower back, then 1-3 sessions of supervised physical therapy might have been warranted here. However, as the request was for 12 supervised physical therapy sessions, this request is not medically necessary at this time.