

Case Number:	CM15-0208393		
Date Assigned:	10/27/2015	Date of Injury:	05/22/2001
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/22/2015

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, North Carolina

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 56 year old male, who sustained an industrial-work injury on 5-22-01. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD) and low back pain. Treatment to date has included pain medication, 3 sessions of aqua therapy with better range of motion, 1 of 6 physical therapy sessions, psyche evaluation, epidural steroid injection (ESI) and other modalities. The current pain medications included Morphine, gabapentin, Cyclobenzaprine and Norco. Medical records dated 10-13-15 indicate that the injured worker complains of low back pain with radiation down the BLE with numbness and tingling in the feet and left leg weakness. He uses a cane to ambulate. The injured worker reports that therapy helps decrease the pain, increase range of motion and activities of daily living (ADL) but the long drive to get to the therapy sessions exacerbate the pain. He would like to attend therapy closer to home. The physical exam reveals that he is able to sit but often shifts position, there is decreased lumbar range of motion with increased pain at end ranges, the sensation is decreased in the bilateral lower extremities (BLE) and straight leg test is positive on the left. The physician indicates that he recommends physical rehabilitation. The requested services included 6 sessions of physical therapy and 1 interdisciplinary pain management for multidisciplinary evaluation. The original Utilization review dated 10-19-15 non-certified the request for 6 sessions of physical therapy and 1 interdisciplinary pain management for multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy: 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: The request is for 6 additional physical therapy (PT) sessions. The records shows that the patient has completed 3 sessions of aquatic therapy and 1 of 6 previously certified PT treatments. It is unclear why an additional 6 sessions of PT is being requested before the initial 6 sessions have been completed. The patient should be reevaluated after the first course of PT before additional PT should be considered. Therefore, the request is not medically necessary or appropriate.

1 interdisciplinary pain management for multidisciplinary evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The request for a multidisciplinary evaluation is not supported. The patient does not appear to have exhausted all conservative treatments at this time. The patient is still undergoing PT and has obtained relief from aquatic therapy the request for an evaluation for a functional restoration program (FRP) is premature. The patient also has several negative predictors for success in an FRP that have not been addressed. Since the patient is not a candidate for FRP, an evaluation is not medically necessary or appropriate.