

Case Number:	CM15-0209883		
Date Assigned:	10/29/2015	Date of Injury:	04/26/2012
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/26/2015

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 48 year old male, who sustained an industrial injury on 4-26-2012. The medical records indicate that the injured worker is undergoing treatment for status post bilateral L4-L5 and L5-S1 decompression (4-6-2015). According to the progress report dated 9-16-2015, the injured worker presented with complaints of intermittent, mild-to-moderate low back pain, which improved with physical therapy. The treating physician indicated that physical therapy "increased range of motion, decreased pain and stiffness, and allows him to walk longer distances". However, he still has excruciating pain when bending forward. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness to palpation over the paravertebral muscles with guarding. There is positive straight leg raise test, bilaterally. The current medications are not specified. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management, 10-12 physical therapy sessions, home exercise program, and surgical intervention. Work status is described as temporarily totally disabled. The original utilization review (10-12-2015) had non-certified a request for physical therapy evaluation and 8 additional physical therapy sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x8, twice weekly 4 weeks, for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. 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, additional physical therapy times eight sessions (two times per week times four weeks) for the lumbar spine are 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is bilateral L4 - L5 and L5 - S1 stenosis and with left and right radiculopathy. The injured worker underwent bilateral L4 - L5 and L5 - S1 decompression. Date of injury is April 26, 2012. Request for authorization is October 9, 2015. According to a utilization authorization dated August 25, 2015, the treating provider requested an additional 12 physical therapy sessions (three times per week times four weeks) to the lumbar spine. The total number of physical therapy sessions through the August 25, 2015 date is not specified. According to the progress note dated September 16, 2015, range of motion is increased, ADLs or increase with no increase in strength. There were two remaining physical therapy sessions. The utilization review indicates the injured worker received 16 physical therapy sessions. Injured worker should be well versed in the exercises performed during physical therapy and to engage in a home exercise program. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (16 visits over eight weeks) is clinically indicated. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no contraindication to a home exercise program based on 16 prior physical therapy sessions and no compelling clinical facts indicating additional physical therapy is clinically warranted, additional physical therapy times eight sessions (two times per week times four weeks) for the lumbar spine is not medically necessary.

Physical therapy evaluation x1: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. 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 evaluation times 1 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is bilateral L4 - L5 and L5 - S1 stenosis and with left and right radiculopathy. The injured worker underwent bilateral L4 - L5 and L5 - S1 decompression. Date of injury is April 26, 2012. Request for authorization is October 9, 2015. According to a utilization authorization dated August 25, 2015, the treating provider requested an additional 12 physical therapy sessions (three times per week times four weeks to the lumbar spine. The total number of physical therapy sessions through the August 25, 2015 date is not specified. According to the progress note dated September 16, 2015, range of motion is increased, ADLs or increase with no increase in strength. There were two remaining physical therapy sessions. The utilization review indicates the injured worker received 16 physical therapy sessions. Injured worker should be well-versed in the exercises performed during physical therapy and to engage in a home exercise program. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (16 visits over eight weeks) is clinically indicated. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no contraindication to a home exercise program based on 16 prior physical therapy sessions and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy evaluation times 1 is not medically necessary.