

Case Number:	CM15-0021634		
Date Assigned:	02/11/2015	Date of Injury:	08/12/2013
Decision Date:	03/25/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/05/2015

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: Arizona, California
 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 49 year old male, who sustained an industrial injury on 06/12/2013. He has reported subsequent back pain and was diagnosed with lumbar radiculopathy. Treatment to date has included oral pain medication, epidural steroid injection and surgery. In a progress note dated 12/03/2014, the injured worker complained of continued 4/10 low back pain with radiation to the lower extremities. Objective physical examination findings were notable for restricted range of motion with flexion, hypertonicity, tenderness and tight muscle band on both sides, lumbar facet loading and straight leg raise on the right side in sitting at 65 degrees. On 12/09/2014, the injured worker had a posterior lumbar decompression performed with disectomy of L4-L5, decompression of L4-L5 nerve roots and partial medial facetectomy. The discharge note showed that the injured worker had done well postoperatively and that leg pain had reduced considerably post-operatively. A request for authorization of 12 post-operative physical therapy sessions was made. On 02/04/2015, Utilization Review non-certified a request for 12 sessions of physical therapy for the low back, noting that the documentation did not reflect the objective evidence of functional deficit in the lumbar spine. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the low back QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 299.

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. In addition the progress note on 12/22/14 indicated a normal range of motion of the spine with no reproducible tenderness or neurological abnormalities. Consequently, physical therapy sessions are not medically necessary.