

Case Number:	CM15-0023873		
Date Assigned:	02/17/2015	Date of Injury:	10/07/2011
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 10/07/2011. She has reported low back pain. The diagnoses have included lumbar disc disease; lumbar facet syndrome; and left L5 radiculitis, worse post-operatively. Treatment to date has included medications, physical therapy, and surgical intervention. Surgical intervention has included posterior lumbar interbody fusion in 11/2013. Currently, the injured worker complains of significant mechanical low back pain; no significant improvement of back pain or radiating leg pain since her surgery in 11/2013; and numbness in the lateral aspect of the left leg. A progress report from the treating physician, dated 10/10/2014, included objective findings consisting of tenderness at the lumbosacral junction and pain over screws; limited range of motion of the lumbar spine; positive straight leg raise; and numbness in the lateral left leg. The treatment plan included proceeding with surgical intervention of the lumbar spine. Request is being made for physical therapy once a week for twelve weeks for the lumbar spine. On 01/20/2015 Utilization Review non-certified a prescription for Physical therapy 1xWk x 12Wks for the lumbar spine. The CA MTUS Guidelines were cited. On 02/09/2015, the injured worker submitted an application for IMR for review of Physical therapy 1xWk x 12Wks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1xWk x 12Wks for the lumbar spine: 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): 298, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, authorization is being sought for surgery, which implies that the patient has failed conservative treatment. It is unclear why additional therapy is being requested prior to surgical intervention. In light of the above issues, the currently requested additional physical therapy is not medically necessary.