

Case Number:	CM15-0027381		
Date Assigned:	02/19/2015	Date of Injury:	07/04/2003
Decision Date:	03/30/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/13/2015

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: Chiropractor, Oriental 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 46 year old female who sustained a work related injury July 4, 2003. She developed significant low back pain and burning into the posterolateral aspect of the right lower extremity. An MRI revealed disc herniation at L4-5. She underwent lumbar laminectomy and microdiscectomy at the L4-5 level May 2005 and received post-op physical therapy. Past history also includes L4-5 hemi laminectomy and repeat L4-5 discectomy May 2006, spinal cord stimulation trial and eventual implantation November, 2007 and removal in 2009, psoriasis and hypothyroidism. According to a treating physician's notes dated January 29, 2015, the injured worker presented for follow-up of chronic low back pain due to post-laminectomy syndrome. She has radiation of pain and numbness down her right leg to her toes and numbness of the left leg to the knee. As a result of the pain she has difficulty sleeping through the night. Diagnoses are documented as neuritis lumbosacral, not otherwise specified and post-laminectomy syndrome, not otherwise specified. Treatment plan included request for authorization for 6 sessions of physical therapy. According to utilization review dated February 9, 2015, the request for Physical Therapy for the low back QTY: 6 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Sessions for Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Low Back (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines, Chronic Pain Chapter; Physical Medicine, "Physical Medicine Guideli.

Decision rationale: The UR determination of 2/9/15 was an appropriate denial of requested physical therapy, 6 sessions and supported by the referenced CAMTUS Chronic Treatment Guidelines for Physical Therapy. The requesting provider failed to address the patient prior treatment history with physical therapy or what functional benefit was obtained. CAMTUS Treatment Guidelines defines functional improvement as "...a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit or evidence that a specific ADL lead to the reported exacerbation and need for referral."