

Case Number:	CM15-0028088		
Date Assigned:	02/20/2015	Date of Injury:	03/12/2011
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/16/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female with an industrial injury dated 03/12/2011. Her diagnoses include degenerative spondylosis of the lumbar spine, chronic low back pain, myofascial pain syndrome, pain disorder (psychological/general medical condition), and insomnia. Recent diagnostic testing has included a CT scan of the lumbar spine (02/12/2015) showing no significant changes or abnormalities. Previous treatments have included conservative care, medications, 2 back surgeries, and physical therapy. In a progress note dated 01/28/2015, the treating physician reports chronic low back pain that radiates to both lower extremities with noted partial improvement from medications. The objective examination revealed restricted range of motion in the lumbar spine, muscle spasms in the lumbar paraspinal musculature and gluteal region, guarding of the left lower extremity, and positive straight leg raises on the left. The treating physician is requesting 6 sessions of physical therapy for the lumbar spine which was denied by the utilization review. On 02/03/2015, Utilization Review non-certified a request for 6 sessions of physical therapy for the lumbar spine, noting the absence of a current detailed assessment of the injured worker's functional status and condition, and lack of adequate information regarding whether or not the injured worker had benefited from previous physical therapy or if functional improvements were made. The MTUS Guidelines were cited. On 02/16/2015, the injured worker submitted an application for IMR for review of 6 sessions of physical therapy 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 x 6 sessions for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.