

Case Number:	CM15-0211977		
Date Assigned:	10/30/2015	Date of Injury:	02/03/2013
Decision Date:	12/11/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/27/2015

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

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 60 year old male, who sustained an industrial injury on 02-03-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, herniated L4-5 disc, and right sciatica. Medical records (04-21-2015 to 09-03-2015) indicate ongoing back pain with radiating pain and paresthesia into the right lower extremity. Pain levels were not rated in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-03-2015, revealed tenderness and spasms in the lumbar region, and restricted forward flexion and lateral rotation. Relevant treatments have included: right knee surgery, unknown amount of physical therapy (PT) for the lumbar spine with reported "significant improvement", lumbar injections, work restrictions, and pain medications. The amount of previous PT for the lumbar spine and the results were not specified. Additionally the PT notes were not available for review. The request for authorization (09-14-2015) shows that the following therapy was requested: 16 additional sessions of PT for the lumbar spine. The original utilization review (09-18-2015) partially approved the request for 16 additional sessions of PT for the lumbar spine which was modified to 8 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2x a week over 8 weeks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Review indicates the patient continues to treat for ongoing symptom complaints. Pain levels were not rated in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. The IW has not returned to work. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2013 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy of 16 visits when prior treatment rendered has not resulted in any functional benefit. The Continued physical therapy 2x a week over 8 weeks to the lumbar spine is not medically necessary and appropriate.