

Case Number:	CM15-0217508		
Date Assigned:	11/09/2015	Date of Injury:	02/15/2014
Decision Date:	12/28/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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: Texas, 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 62 year old male injured worker suffered an industrial injury on 2-15-2014. The diagnoses included lumbosacral spine herniated disc, lumbar radiculopathy, and lumbosacral sprain-strain. The orthopedic provider on 8-7-2015 noted that on 2-2014 he started a course of physical therapy for the lumbar spine but the medical record did not include evaluation of the outcome or number of sessions attended. On 9-17-2015 the provider reported persistent pain in the lower back rated 3 out of 10 that radiated to the right hip. On exam the lumbar spine revealed decreased range of motion along with tenderness to the lumbar muscles. There was positive Kemp's sign. On 9-24-2015 the QME re-evaluation noted low back pain that did not radiate to the lower extremities. On exam the gait was stiff and slightly altered. He was unable to squat due to pain. The lumbosacral spine had muscle tenderness and tightness with guarded range of motion. The right straight leg raise was positive. The QME recommended physical therapy, chiropractic therapy or acupuncture. The request for Authorization date was 9-30-2015. Utilization Review on 10-6-2015 determined non-certification for Physical therapy, lumbar spine, 12 sessions. The patient has had MRI of the lumbar spine on 9/4/14 that revealed disc protrusions, foraminal narrowing. The patient had received an unspecified number of PT and chiropractic visits for this injury. The patient sustained the injury due to cumulative trauma. The medication list includes Verapamil, Lisinopril, Aspirin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Physical therapy (PT).

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

Decision rationale: Physical therapy, lumbar spine, 12 sessions. The guidelines cited below state, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The patient had received an unspecified number of PT and chiropractic visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical therapy, lumbar spine, 12 sessions is not medically necessary.