

Case Number:	CM15-0220339		
Date Assigned:	11/16/2015	Date of Injury:	07/26/2004
Decision Date:	12/30/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/10/2015

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:

This is a 44-year-old male patient who sustained an industrial injury 07-26-04. The diagnoses include post laminectomy syndrome, low back pain, and failed back surgery syndrome. Per the doctor's note dated 11-03-15, he had complains of residual pain in the left thigh, as well as left leg weakness, numbness, and tingling. The physical exam (11-03-15) revealed tenderness to palpation in the back with palpable knots in the low back, decreased range of motion, and pain worsened with movement. The medications list includes Ultracet, thermacare, and Terocin. Prior treatment includes back surgery in 2007, unspecified numbers of physical therapy visits, home exercises, and medications. The original utilization review (11-09-15) non-certified the request for 6 sessions of physical therapy to 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 lumbar spine x6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

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

Decision rationale: Request: Physical therapy lumbar spine x6 sessions. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided the patient had unspecified numbers of physical therapy sessions for the lumbar spine. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "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 medical necessity of Physical therapy lumbar spine x6 sessions is not established for this patient at this time.