

Case Number:	CM15-0220525		
Date Assigned:	11/13/2015	Date of Injury:	11/18/2014
Decision Date:	12/23/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 33 year old male, who sustained an industrial-work injury on 11-18-14. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain and lumbar radiculopathy. Treatment to date has included pain medication, physical therapy at least 16 sessions to date with benefit of increased mobility and sleep, activity modifications, diagnostics, off of work and other modalities. Medical records dated 9-15-15 indicate that the injured worker complains of constant low back pain that radiates down the left lower extremity (LLE). The pain is accompanied by numbness in the left lower extremity (LLE). The pain is aggravated by activity and he complains of difficulty with sleep. The pain is improved with medications. Per the treating physician report dated 9-15-15 the injured worker has not returned to work. The physical exam reveals lumbar tenderness to palpation, limited range of motion due to pain that significantly increases with flexion and extension. The straight leg raise is positive on the left in seated position at 70 degrees for radicular pain. The physician indicates that the injured worker has completed 4 weeks of physical therapy with improved pain control and functional improvement. Recommend additional physical therapy with goal of transition to a home exercise program (HEP) based on therapist recommendation. The requested service included Physical Therapy for the lumbar spine, twice a week for four weeks for 8 sessions. The original Utilization review dated 10-16-15 modified the request for Physical Therapy for the lumbar spine, twice a week for four weeks for 8 sessions modified to Physical Therapy for the lumbar spine, three times a week for 2 weeks for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines (Lumbar).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine two times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic pain other; and lumbar radiculopathy. Date of injury is November 18, 2014. Request for authorization is October 8, 2015. According to a September 15, 2015 progress note, subjective complaints include neck pain that radiates to the left upper extremity and low back pain that radiates to the left lower extremity. Pain score is 6/10. Objectively, there is lumbar tenderness from L4 - S1 at the spinal processes. Range of motion was decreased secondary to pain. There is positive straight leg raising. The injured worker completed four weeks of physical therapy. The treating provider is requesting an additional four weeks. The utilization review states the injured worker received 32 sessions of physical therapy. The total number of physical therapy sessions is not documented in the medical record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically warranted. The treating provider is requesting an additional eight sessions of physical therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy lumbar spine two times per week times four weeks is not medically necessary.