

Case Number:	CM15-0222942		
Date Assigned:	11/18/2015	Date of Injury:	11/26/2001
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/12/2015

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: Emergency 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 52 year old female who sustained an industrial injury November 26, 2001. Past history included status post TLIF (transforaminal lumbar interbody fusion) with posterior spinal fusion May 2006, status post L5-S1 anterior posterior fusion with exploration fusion and removal-revision of instrumentation L4-5 March 2010, status post urologic surgery December 2010 with urinary incontinence resolved, status post right shoulder surgery, and depressive disorder. Diagnoses are lumbar post-laminectomy syndrome; right upper quadrant pain; depressive disorder. A primary treating physician noted on August 31, 2015, the injured worker finished physical therapy three month ago (unspecified number of visits) and she performs her home exercises regularly and walks every day. According to a treating physician's progress report dated September 30, 2015, the injured worker presented for re-evaluation of chronic pain. She complains of pain involving the low back and right shoulder. Her symptoms remain stable and unchanged since her last visit. Her spine surgeon recommends a repeat MRI and consideration for spinal cord stimulator. Current medication included Cyclobenzaprine, Hydrocodone-Acetaminophen, ibuprofen, Lidoderm patch, Omeprazole, Voltaren, and Zofran. Treatment plan included medication and a gastroenterology consultation for right upper quadrant pain. At issue, is the request for authorization for physical therapy to the lumbar spine two times a week over six weeks. According to utilization review dated October 13, 2015, the request for Outpatient Physical Therapy to the Lumbar Spine two times a week for six weeks is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy to the Lumbar 2 times per week over 6 weeks: Upheld

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

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

Decision rationale: The requested Outpatient Physical Therapy to the Lumbar 2 times per week over 6 weeks, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98 and 99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has finished physical therapy three month ago (unspecified number of visits) and she performs her home exercises regularly and walks every day. According to a treating physician's progress report dated September 30, 2015, the injured worker presented for re-evaluation of chronic pain. She complains of pain involving the low back and right shoulder. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Outpatient Physical Therapy to the Lumbar 2 times per week over 6 weeks is not medically necessary.