

Case Number:	CM15-0030368		
Date Assigned:	02/24/2015	Date of Injury:	06/28/2007
Decision Date:	04/02/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 injured worker is a 60 year old male, who sustained an industrial injury on June 28, 2007. He has reported neck pain, arm pain, back pain and leg pain. The diagnoses have included cervical spine radiculopathy, lumbar spine radiculopathy, lumbar core/pelvis weakness, and lower back pain. Treatment to date has included medications, physical therapy, home exercise, lumbar spine surgery, and imaging studies. A progress note dated February 2, 2015 indicates a chief complaint of continued left arm pain with radiation to the neck and fingers, left leg pain with numbness, tingling and weakness, and lower back pain. Physical examination showed decreased range of motion of the cervical spine, decreased sensation of the second and third left fingers, decreased strength of the bilateral legs, and decreased range of motion of the lumbar spine and hips. The treating physician requested physical therapy of the lumbar spine for eight sessions and a prescription for Gabapentin. On February 17, 2015 Utilization Review certified the request for a prescription for Gabapentin and denied the request for physical therapy for the lumbar spine citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 18, 2015, the injured worker submitted an application for IMR of a request for physical therapy of the lumbar spine for eight sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the Lumbar spine for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient's date of injury is 06/08/2007. The patient has undergone multiple surgical operations in the past and has had physical therapy for the neck, extremities, and lumbar spine. The treatment guidelines call for a fading of these passive treatments (PT) and then the patient ought to continue to perform a home exercise program to promote healing, increasing the ROM, and strengthening. There is no documentation of any new injury or another surgical procedure which would require additional physical therapy sessions. Based on the documentation, an additional series of 8 PT sessions is not medically indicated.