

Case Number:	CM15-0051658		
Date Assigned:	03/25/2015	Date of Injury:	04/04/2006
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/18/2015

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, 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 58 year old female, who sustained an industrial injury on 4/4/2006. The mechanism of injury was not provided for review. The injured worker was diagnosed as having as lumbar compression fracture with lumbar fusion, lumbar radiculopathy and lumbar spinal stenosis. There is no record of a recent radiology study. Treatment to date has included physical therapy and medication management. Currently, the injured worker complains of chronic low back pain. In a progress note dated 3/2/2015, the treating physician is requesting 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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, 8 sessions of physical therapy are 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, injured worker's working diagnoses are lumbar fusion L2 - L4; lumbar radiculopathy; chronic vertebral compression fracture at L3; and lumbar spinal stenosis at L4 - L5. January 5, 2015 shows the treating provider requested eight physical therapy sessions that were authorized to the lumbar spine. In a March 2, 2015 progress note, subjectively, the documentation indicates the injured worker is currently receiving physical therapy with improvement. The treating provider is now requesting an additional eight sessions of physical therapy for the lumbar spine. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to indicate additional physical therapy is warranted. There is no documentation evidencing objective functional improvement. Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, 8 sessions of physical therapy are not medically necessary.