

Case Number:	CM15-0053923		
Date Assigned:	03/27/2015	Date of Injury:	06/18/2009
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 49-year-old male who sustained an industrial injury on 06/18/2009. Diagnoses include lumbar disc herniation at L5-S1 with moderate to severe bilateral neural foraminal narrowing, spondylolisthesis of L4-5 with bilateral L4 pars defects and lumbar radiculopathy. Treatment to date has included medications, epidural steroid injections (ESI), physical therapy (PT), and bracing and home exercise program. Diagnostics performed to date included electrodiagnostic studies, CT scans and MRIs. According to the progress notes dated 3/3/15, the IW reported low back pain rated 4/10 with tingling radiating down the right lower extremity to the foot with occasional associated muscle spasms. ESIs reduced his pain by about 50%, but the notes did not state the duration of relief. He also reported PT helped him increase his walking distance by ten minutes. A request was made for eight additional physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x 8 visits Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in June 2009 and continues to be treated for chronic radiating low back pain. Treatments have included physical therapy with reported improved walking tolerance. In this case, the claimant has had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. The additional physical therapy is not medically necessary.