

Case Number:	CM15-0055496		
Date Assigned:	04/16/2015	Date of Injury:	03/11/2014
Decision Date:	06/02/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/23/2015

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 45 year old male, who sustained an industrial injury on 03/11/2014. He has reported injury to the low back. The diagnoses have included displacement lumbar disc without myelopathy; and lumbar disc bulge at L5-S1 and bilateral L5-S1 radiculopathy. Treatment to date has included medications, diagnostics, injections, physical therapy, and home exercises. Medications have included Anaprox. A progress note from the treating physician, dated 03/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of significant pain and spasm to both the mid and low back, with radiating pain down the bilateral lower extremities; some improvement with recent injections; and has had improvement with prior physical therapy in the past. Objective findings included exquisite paraspinal tenderness upon palpation; severe spasm about the lower lumbar region; and decreased range of motion. The treatment plan has included the request for 12 outpatient physical therapy to the lumbar spine, 3 x 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Outpatient Physical Therapy to the Lumbar Spine, 3 x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, 12 sessions physical therapy lumbar spine three 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 lumbar spine disc bulge at L5 - S1; and lumbar spine bilateral L5 and S1 radiculopathy. The request for authorization is dated March 9, 2015. A progress note dated March 2, 2015 subjectively states the injured worker has continued low back pain and spasm. The injured worker had relief with "an injection". The documentation does not state the type of injection provided. Objectively, the injured worker has spasm in the right low back with tenderness the palpation and decreased range of motion. The injured worker is engaged in a home exercise program and received prior physical therapy based on the documentation. The total number of prior physical therapy sessions is not documented. There are no physical therapy progress notes in the medical record. There is no documentation of objective functional improvement from prior physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. The injured worker should be well-versed in a home exercise program based on prior physical therapy received. Consequently, absent compelling clinical documentation with objective functional improvement referencing prior physical therapy to date, the total number of physical therapy sessions to date and compelling clinical facts indicating additional physical therapy is clinically warranted, 12 sessions physical therapy lumbar spine three times per week times four weeks is not medically necessary.