

Case Number:	CM15-0082969		
Date Assigned:	05/05/2015	Date of Injury:	05/09/2008
Decision Date:	06/09/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/29/2015

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, North Carolina
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 68-year-old male, who sustained an industrial injury on 5/09/2008. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbosacral strain/arthrosis with central foraminal stenosis, multilevel lumbar disc degeneration, degenerative scoliosis, lateral listhesis, and loss of lordosis. Treatments to date include anti-inflammatory medication, physical therapy, and three epidural steroid injections noted to provide successful relief of pain. Currently, he complained of worsening low back pain with right lower extremity pain and numbness. The pain was rated 5-7/10 VAS. On 3/5/15, the physical examination documented limited lumbar range of motion and decreased sensation in the right anterior and lateral thigh. The provider documented a prior approval for six physical therapy sessions were not utilized and request for extensive spinal fusion surgery had been denied. The plan of care included twelve physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 physical therapy (PT) visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

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

Decision rationale: CA MTUS states that Active physical Therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The date of injury to the low back was in 2008. The patient has had physical therapy in the past; however, there is no evidence that she is performing a home exercise program. The request is for 12 PT visits. Guidelines recommend 8-10 visits over 4 weeks. According to the guidelines, the request is excessive. However, a subsequent request for fewer visits with the goal of teaching the claimant home exercises should be considered, given the length of time since her initial injury. The request as is deemed not medically necessary.