

Case Number:	CM14-0142539		
Date Assigned:	09/15/2014	Date of Injury:	12/05/2007
Decision Date:	03/24/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male with an industrial injury dated 12/05/2007 and also 07/30/1998. He presented on 07/03/2014 for follow up complaining of low back pain and lower extremity pain. Physical exam showed limited range of motion in the lumbar area with tenderness to palpation in the left lumbosacral junction, left sciatic notch and left sacroiliac joint. Prior surgical history includes lumbar 5-sacral 1 fusion in 2009, lumbar laminectomy/foraminotomy 2010 and left lumbar 5-sacral 1 facetectomy in 2012. Other treatments included medications, epidural steroid injection and physical therapy. Diagnoses include chronic pain syndrome, post-surgical syndrome, lumbar; lumbar radiculitis, lumbago, Cervicalgia, cervical radiculitis and organic disorders of initiating and maintaining sleep. The provider notes good result with the 8 sessions of physical therapy, however states that the patient "still has lots of improvement and progress to be made" and requested authorization for the physical therapy listed below. On 08/21/2014 utilization review denied the request for additional physical therapy times 10-12 sessions to the lumbar spine. MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

10-12 sessions of additional physical therapy to the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-10. Decision based on Non-MTUS Citation Low Back procedure summary

Decision rationale: According to MTUS guidelines physical therapy is recommended as it is helpful in (controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries). While the MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks for myalgia, the specific condition of this IW is discussed in further detail in the ODG-TWC guidelines. Recommendation for patients post discectomy is for 16 visits of PT while post fusion is recommended for 34 visits. The IW is status post L5-S1 fusion and more recently underwent a lumbar laminotomy and decompression of S1 nerve root. Based on the treatment duration guidelines an additional 10-12 sessions of physical therapy are warranted since according to the records reviewed the IW has only received 8 sessions of PT and there was positive response in terms of pain relief and improved functioning. Consequently based on the guidelines and my review of the provided records I believe the requested sessions of physical therapy are medically appropriate.