

Case Number:	CM14-0211095		
Date Assigned:	12/23/2014	Date of Injury:	08/10/2007
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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, 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 (IW) is a 43-year-old man with a date of injury of August 10, 2007. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar radiculopathy, left L4, L5, and S1; failed back surgery syndrome; and chronic pain syndrome. According to UR documentation, the IW has completed several rounds of physical therapy (PT), with the last being aquatic therapy with fair results. The IW was instructed on a home exercise program. Pursuant to the primary treating physician follow-up note dated September 5, 2014, the IW had completed 6 months of PT, which helped his lower extremity radicular symptoms. According to documentation, the muscle spasms have returned, and the IW would like to proceed with additional PT. The most recent progress reports dated November 7, 2014 indicates the IW reports improvement from recent PT sessions. Examination of the lumbar spine reveals positive straight leg raise test on the left at 35 degrees, and 50 degrees on the right side. There is severe tenderness about the lower lumbar area, more on the left. There is tenderness over the lumbar facet joint and SI joint. There is decreased sensation to the left L4, L5, and S1 regions. Current medications include Cymbalta, Celebrex 200mg, and Gabapentin 100mg. There are no PT progress notes in the medical record available for review. It is unclear as to the total number of PT session the IW has completed due to lack of documentation. There is no evidence of objective functional improvement associated with prior PT. The current request is for physical therapy to the lumbar 2 time week for 4 weeks (8 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, 2 times a week for 8 weeks; 8 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, physical therapy lumbar spine two times a week for four weeks (eight sessions) 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 guidelines, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar radiculopathy, left L4, L5 and S1; failed back surgery syndrome; and chronic pain syndrome. The documentation indicates the injured worker, pursuant to a September 5, 2014 progress note, had six months of physical therapy that helped with the lower extremity radiculopathy. On November 7, 2014 progress note states the injured worker had improvement. However, there are no physical therapy notes and no objective documentation indicating objective functional improvement. The guidelines state when treatment duration and/or number of visits exceeded the recommended guidelines, exceptional factors should be noted. There are no exceptional factors in the medical record. Consequently, absent clinical documentation to support ongoing physical therapy, exceptional factors promoting additional physical therapy and objective evidence of improvement with physical therapy (physical therapy notes), physical therapy lumbar spine two times a week for four weeks is not medically necessary.