

Case Number:	CM14-0215793		
Date Assigned:	01/05/2015	Date of Injury:	12/05/2007
Decision Date:	02/23/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/23/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 patient is a 51 year old male with date of injury 12/5/2007. The mechanism of injury is stated as repetitive injury due to continuous trauma. The patient has complained of low back pain with radiation of the pain to the left lower extremity since the date of injury. He has been treated with physical therapy (48 sessions to date), lumbar fusion surgery, spinal stimulator, acupuncture, facet injections, epidural steroid injections, trigger point injections and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, positive straight leg raise bilaterally, decreased sensation to light touch in the left third through fifth toes and paraspinous lumbar tenderness to palpation. Diagnoses: failed back syndrome, lumbar spine degenerative disc disease, lumbar radiculopathy. Treatment plan and request: 12 sessions of PT for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Physical therapy (PT)

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

Decision rationale: This 51 year old male has complained of low back pain with radiation of the pain to the left lower extremity since date of injury 12/5/2007. He has been treated with physical therapy (48 sessions to date), lumbar fusion surgery, spinal stimulator, acupuncture, facet injections, epidural steroid injections, trigger point injections and medications. The current request is for 12 sessions of physical therapy for the lumbar spine. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. Physical therapy, 12 sessions for the lumbar spine is therefore not indicated as medically necessary.