

Case Number:	CM15-0011164		
Date Assigned:	01/29/2015	Date of Injury:	10/06/2008
Decision Date:	03/27/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 41-year-old male who reported an injury on 12/06/2008 due to an unknown mechanism of injury. The injured worker's treatment history included lumbar surgery, epidural steroid injections, physical therapy, and medications. The injured worker's medications included Norco, Fexmid, and naproxen. The most recent clinical evaluation submitted for this review was dated 09/17/2014. It was documented that the injured worker had increasing low back pain exacerbated by prolonged activity. The evaluation of the lumbar spine documented tenderness to palpation over the right lumbar facets and paravertebral lumbar musculature. The injured worker had decreased sensation in the L5 dermatomal distribution with positive left sided facet loading and restricted range of motion secondary to pain. The injured worker's diagnoses included lumbar spondylosis without myelopathy, thoracic and lumbosacral neuritis or radiculitis unspecified, displacement of lumbar intervertebral disc without myelopathy, degeneration of the lumbar spine or lumbosacral intervertebral discs, spasm of muscle, postlaminectomy syndrome of the lumbar region, lumbago, and depressive disorder. The injured worker's treatment plan at that appointment included continuation of opioids and a psychiatric evaluation. A Request for Authorization for physical therapy was submitted on 12/17/2014. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x2 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

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

Decision rationale: The requested decision for physical therapy 2 times a week for 2 weeks for the lumbar spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker has an extensive history of physical therapy. There are no factors to preclude further progress of the injured worker while participating in a home exercise program. There is no justification provided for the need for additional supervised skilled therapy over an independent exercise program. As such, the requested physical therapy 2 times a week for 2 weeks for the lumbar spine is not medically necessary or appropriate.