

Case Number:	CM15-0011567		
Date Assigned:	01/29/2015	Date of Injury:	04/22/2013
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 46 year old female, who sustained an industrial injury on 04/22/2013. The diagnoses have included lumbar pain and lumbar radiculitis. Treatments to date have included lumbar surgery, physical therapy, and medications. Diagnostics to date have included MRI on 09/12/2014 showed left intraforaminal 4mm disk protrusion resulting in moderate to severe left foraminal stenosis at L4-5 and L5-S1 appears decompressed on the right. In a progress note dated 12/05/2014, the injured worker presented with complaints of significant pain to her lower back radiating into the right glut and hip area. The treating physician reported the injured worker was getting satisfactory relief with the physical therapy and would recommend her to do a continuous program of 12 sessions of physical therapy with two times a week for the next 6 weeks. Utilization Review determination on 01/06/2015 non-certified the request for Physical therapy 1-3x/week x 6 weeks for the Lumbar Spine citing American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 1-3x/week x 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines (Lumbar)

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into the buttocks and hips and right leg numbness. There was no discussion describing the reason additional directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for an unspecified number of physical therapy sessions for the lumbar spine region done as one to three times weekly for six weeks is not medically necessary.