

Case Number:	CM15-0012057		
Date Assigned:	01/29/2015	Date of Injury:	03/24/2013
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, 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 injured worker was a 56 year old female, who sustained an industrial injury, March 24, 2013. The injured worker was diagnosed with lumbar herniated disc, lumbar spondylosis, degenerative scoliosis and lumbar stenosis. The injured worker previously received the following treatments laboratory studies, physical therapy, epidural injections, EMG/NCS (electromyography and nerve conduction studies), MRI April 23, 2013, Cervical MRI, X-rays of the cervical spine and lumbar spine and microendoscopic decompression/discectomy surgery, epidural injection on October 10, 2014. According to progress note of December 3, 2014, the injured workers chief complaint was chronic lumbar pain syndrome, mechanical back pain and leg numbness. On December 3 2014, the primary treating physician requested physical therapy for the lower back 2 times a week for 4 weeks for relief of lumbar pain. On December 26, 2014, the utilization review denied authorization for physical therapy for the lower back 2 times a week for 4 weeks. The utilization Reviewer referenced MTUS and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 4 Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical therapy, Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate that the patient has undergone physical therapy after her surgery 9 months ago. She has received at least 16 session of physical therapy for her post-op care. The results of her physical therapy were slow benefit and no other documentation is available. The records fail to demonstrate a new issue and why the physical therapy should be extension. As such, the request for physical therapy 2x4 is not medically necessary.