

Case Number:	CM15-0012262		
Date Assigned:	01/29/2015	Date of Injury:	01/29/2014
Decision Date:	03/23/2015	UR Denial Date:	12/22/2014
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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 37 year old male, who sustained an industrial injury on January 29, 2014, from twisting his back. He has reported immediate pain in the neck and entire back, with radiation of pain to the right hip. The diagnoses have included two level lumbar disc herniation status post-surgery, cervical strain rule out disc herniation, and bilateral upper extremity radicular pain. Treatment to date has included physical therapy, laminectomy and discectomy on June 23, 2014, aquatic therapy, and medications. Currently, the injured worker complains of constant neck pain, headaches, constant bilateral shoulder and arm pain with numbness and tingling in the arms and hands, constant mid to low back pain radiating into the hips, down the legs to the feet, and constant burning pain in the hips and legs with numbness and tingling in both legs, with frequent nausea and heartburn and pain while urinating, which the injured worker attributes to pain medication. The Primary Treating Physician's report dated December 4, 2014, noted palpation of the trapezius muscle revealed tenderness and hypertonicity bilaterally, with a positive cervical compression test. Examination of the lumbar spine noted tenderness on palpation of the lumbar paraspinal muscles with hypertonicity bilaterally, palpation of the lumbar spine revealed tenderness, and palpation of the quadratus lumborum and gluteal muscles revealed tenderness bilaterally. On December 22, 2014 Utilization Review non-certified physical therapy, lumbar 2x6 weeks noting that the injured worker had undergone several physical therapy sessions with no documented functional improvement after the physical therapy sessions. The MTUS Postsurgical Medical Treatment Guidelines was cited. On January 21, 2015, the

injured worker submitted an application for IMR for review of physical therapy, lumbar 2x6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar 2x6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages98-99..

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for additional physical therapy sessions. The clinical records lack documentation of indications for further sessions of physical therapy beyond the amount of sessions that have been approved. Per note of Dec 4, 2014; "he received physical therapy, undergoing approximately 10 to 12 sessions, without benefit." According to the clinical documentation provided and current MTUS guidelines; additional physical therapy session is not indicated as a medical necessity to the patient at this time.