

Case Number:	CM15-0013483		
Date Assigned:	01/30/2015	Date of Injury:	12/01/2010
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/22/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on 12/1/2010. He has reported low back pain. The diagnoses have included low back pain, lumbar disc displacement, lumbar radiculopathy, and post laminectomy syndrome of the lumbar region. Surgical history included right hip replacement 8/13/14. Treatment has included heat/ice, Anaprox, Norco.), and lumbar steroid epidural injection. Currently, the Injured Worker complains of chronic low back pain, improved with hip surgery and caudal injection 6/18/14. As of 9/25/14, he was scheduled for right hip replacement 10/1/14. Physical examination from the same date documented decreased Range of Motion (ROM) of lumbar spine, straight leg raise test at 40 degree on right side, decreased sensation to right lower extremity in thigh and calf. On 1/12/2015 Utilization Review non-certified physical therapy three times a week for four weeks for lumbar spine, noting the documentation did not include functional improvement or details of the amount of prior physical therapy. The MTUS Guidelines were cited. On 1/22/2015, the injured worker submitted an application for IMR for review of physical therapy three times a week for four weeks for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The injured worker sustained a work related injury on 12/1/2010. The medical records provided indicate the diagnosis of low back pain, lumbar disc displacement, lumbar radiculopathy, and post laminectomy syndrome of the lumbar region. Surgical history included right hip replacement 8/13/14. Treatment has included Anaprox, Norco, and Lumbar epidural steroid injections. The medical records provided for review do not indicate a medical necessity for Physical Therapy 3 times a week for 4 weeks for the Lumbar Spine. The records indicate the injured worker had right hip replacement in 08/2014 and was provided with physical therapy. The document does not indicate the number of therapy sessions he received or the benefit from the therapy. However, the request is for physical therapy to the lumbar region; therefore, rather than using the Postsurgical physical medicine guidelines, the appropriate guidelines is the chronic pain guidelines. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Since the maximum visits allowed in this guideline is 10 except for chronic regional pain syndrome where up to 24 is allowed, the request for 12 sessions is not medically necessary and appropriate.