

Case Number:	CM15-0014640		
Date Assigned:	02/03/2015	Date of Injury:	12/28/2010
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 52 year old male who sustained a work related injury December 28, 2010. Past history included s/p posterior lumbar interbody fusion June 5, 2014 (an MRI report of the lumbar spine dated 4/19/2013 is present in the medical record). According to a physician's follow-up report dated December 9, 2014, the spinal examination revealed pain with extension and rotation; no focal deficits; 1 + pulses; 5/5 motor examination and good range of motion of the hips knees and ankles. Impression is documented as disc degeneration lumbar spine, facet arthropathy. Treatment plan included a request for continued physical therapy with stabilization exercises. Work status is documented as temporarily totally disabled to January 20, 2015. According to utilization review dated January 7, 2015, the request for additional Physical Therapy 2 x weeks x 4 weeks, (8), Lumbar Spine is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines Physical Medicine Guidelines and ODG (Official Disability Guidelines), Low Back, Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 times per week for 4 weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are disc degeneration lumbar spine, facet arthropathy, status post locked and surgery in the past that helps significantly. The documentation from a September 11, 2014 progress note states the injured worker received/completed eight physical therapy sessions. There are no physical therapy notes in the medical record. The medical record contains 17 pages. The documentation does not contain evidence of objective functional improvement. The guidelines state: "When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted". There are no compelling clinical facts in the medical record to warrant additional physical therapy. The treating physician indicates the injured worker still has some pain but overall he is improving well. Consequently, absent compelling clinical documentation to support additional physical therapy, physical therapy 2 times per week for 4 weeks to the lumbar spine is not medically necessary.