

Case Number:	CM15-0016055		
Date Assigned:	02/04/2015	Date of Injury:	07/01/2013
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male with an industrial injury dated 07/01/2013 when a 15-20 foot wall fell on him. His diagnoses include degeneration of the lumbar spine or lumbosacral intervertebral, annular tear with discopathy L4-S1, cervical discopathy C5-C6, left hip subchondral degenerative cystic changes, left shoulder acromial arthrosis and type II SLAP tear, left knee tendonitis, left ankle strain/sprain, and progressive depression and anxiety. Recent diagnostic testing has included x-rays of the lumbar spine (09/12/2014) which showed no bony abnormalities. He has been treated with acupuncture, physical therapy, medications, psychological therapy, home exercise program . In a progress note dated 11/21/2014, the treating physician reports decreased pain (3-4/10) since completing 12 sessions of physical therapy. The objective examination revealed stable motor strength, and limited range of motion in the lumbar spine. The treating physician is requesting 12 additional physical therapy sessions which were denied by the utilization review. On 01/06/2015, Utilization Review non-certified a request for 12 visits of physical therapy for the lumbar spine, noting the lack of objective findings regarding functional improvement. The MTUS Guidelines were cited. On date IMR application was received , the injured worker submitted an application for IMR for review of physical therapy for the lumbar spine 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Per the 11/21/14 report the patient presents with lumbar spine pain and listed diagnoses that include annular tear with discopathy L4-5 and L5-S1. The current request is for PHYSICAL THERAPY FOR THE LUMBAR SPINE 12 VISITS per the 11/21/14 report. The RFA is dated 12/04/14. The patient's work status is noted to be return to modified work with restrictions. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-operative treatment period. On 11/21/14 the treater states the patient completed 12 sessions of physical therapy, feels better and pain is 3-4/10. The report further states the patient feels there is considerable room for improvement, and the treater is requesting for an additional 12 sessions of therapy due to the patient's clinical response to therapy. It is noted that the patient is encouraged to continue his home exercise program. The 11/13/14 Physical Therapy treatment note shows that the patient has continued lumbar spine pain with reduced radiation into the buttocks and the patient feels that overall improvement is 55%. The 01/12/15 UR appeal states additional therapy was requested to further reduce pain and increase motion and strength due the patient's unresolved persistent pain. In this case, there is no documentation of new injury or a flare up following the completed physical therapy. The treater does not explain why transition to the home exercise program is not adequate. Furthermore, the requested 12 sessions exceed what is allowed by guidelines even when not combined with the recently completed 12 sessions. The request IS NOT medically necessary.