

Case Number:	CM15-0017354		
Date Assigned:	02/05/2015	Date of Injury:	03/08/2010
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 3/8/2010. The current diagnoses are and chronic low back pain and status post lumbar decompression and fusion at L5-S1 (2012). Currently, the injured worker complains of low back and right anterior thigh pain with numbness over the right knee. The pain is rated 4/10 on a subjective pain scale. Current medications are Oxycodone, Fentanyl patch, MS Contin, and Gabapentin. Treatment to date has included medications, transforaminal epidural steroid injection, spinal cord stimulator, and surgery. Per notes, there was 40% improvement noted after the right L3-4 epidural steroid injection. The treating physician is requesting physical therapy 2-3x/week for 6 weeks to the lumbar spine (including traction), which is now under review. On 1/6/2015, Utilization Review had non-certified a request for physical therapy 2-3x/week for 6 weeks to the lumbar spine. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3x/week for 6 weeks (lumbar spine): Upheld

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

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

Decision rationale: Physical Therapy 2-3x/week for 6 weeks (lumbar spine) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guideline recommend up to 10 visits for this condition. The documentation indicates that the patient has had prior therapy for the lumbar spine. The request as written exceeds the guideline recommendations. At this point the patient with an injury in 2010 and prior therapy should be well versed in a home exercise program. There are no extenuating circumstances that would require physical therapy 2-3x/week for 6 weeks (lumbar spine). therefore this request is not medically necessary.