

Case Number:	CM15-0018535		
Date Assigned:	02/06/2015	Date of Injury:	06/27/2013
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/01/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 55 year old male who sustained an industrial injury on 06/27/2013. Current diagnoses include grade I L4-L5 spondylolisthesis, lumbar stenosis, degenerative disc disease with foraminal stenosis L4-5 and L5-S1, and low back pain. Previous treatments included medication management, left knee surgery in 05/2014, physical therapy, and chiropractic therapy. Report dated 01/06/2015 noted that the injured worker presented with complaints that included low back pain in the lumbosacral region. Physical examination was positive for abnormal findings. Utilization review performed on 01/28/2015 non-certified a prescription for physical therapy, lumbar spine 2 times per week for 6 weeks, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine 2 times a week for 6 weeks, 12 sessions: Upheld

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

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. The patient has undergone PT in the past to total at least 12 prior sessions. There is no comprehensive summary of the benefit of such therapy, and the patient has not had clear functional improvement. Therefore additional physical therapy is not medically necessary.