

Case Number:	CM15-0111606		
Date Assigned:	06/18/2015	Date of Injury:	07/25/2013
Decision Date:	07/23/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/09/2015

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, California

Certification(s)/Specialty: Family Practice

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 32 year old male, who sustained an industrial injury on 7/25/2013. He reported acute pain in the low back radiating into the left buttock and the left leg. Diagnoses have included lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included physical therapy, epidural steroid injections and medication. Per the progress report dated 4/21/2015, the injured worker reported overall 65% improvement of his low back pain and L5 radicular symptoms since the most recent epidural steroid injection. He rated his low back pain as 4-5/10, down from 8/10. The injured worker had temporary work restrictions of no lifting greater than 15 pounds and no bending. According to the evaluation dated 5/19/2015, the injured worker complained of discomfort, stiffness and pain in the low back that radiated into the left lower extremity to the buttock. The medication list include Norco and ibuprofen. Physical exam revealed moderate paraspinal spasm in the lumbar region. Straight leg raise was positive on the left and negative on the right. Authorization was requested for additional physical therapy to the lumbar spine. The patient has had MRI of the lumbar spine on 8/5/13 that revealed disc protrusion. Per note dated 5/19/15 patient had complaints of low back pain that radiates to left LE. Physical examination of the lumbar spine revealed muscle spasm, Limited range of motion and positive SLR, 4/5 strength and normal reflexes. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical therapy two times a week for 6 weeks to the lumbar:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98.

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Outpatient additional physical therapy two times a week for 6 weeks to the lumbar is not medically necessary for this patient.