

Case Number:	CM15-0112492		
Date Assigned:	06/18/2015	Date of Injury:	08/21/2014
Decision Date:	07/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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:

This 55 year old male sustained an industrial injury to the low back on 8/21/14. Previous treatment included magnetic resonance imaging, physical therapy and medications. Documentation did not indicate functional improvement from previous physical therapy. The number of previous physical therapy sessions was not made clear within the documentation submitted for review. Magnetic resonance imaging thoracic spine (2/16/15) showed lumbar spine spondylosis and disc desiccation with a compression fracture at L1. Magnetic resonance imaging lumbar spine (3/31/15) showed degenerative disc disease with disc desiccation and facet arthropathy. Electromyography/nerve conduction velocity test of bilateral lower extremities (5/14/15) was normal. In a PR-2 dated 5/13/15, the injured worker complained of low back pain and anxiety. Physical exam was remarkable for tenderness to palpation over the paraspinal musculature with decreased range of motion. Current diagnoses included anxiety, L1-2 compression fractures and lumbar spine degenerative disc disease with radiculopathy. The treatment plan included lumbar epidural steroid injection, physical therapy for the lumbar spine three times a week for four weeks, a psychology referral and medications (Norco and Cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear how many therapy sessions the patient has been provided, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for this patient's diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.