

Case Number:	CM15-0114121		
Date Assigned:	06/22/2015	Date of Injury:	07/01/2004
Decision Date:	07/23/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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:

The injured worker is a 49 year old female, who sustained an industrial injury on 07/01/2004. She has reported subsequent low back pain and was diagnosed with lumbar pain with radiculopathy. Treatment to date has included medication, spinal cord stimulator placement and surgery. In a progress note dated 03/25/2015, the injured worker complained of continued low back pain with lumbar flexion and prolonged sitting. Objective findings were notable for painful concordant low back pain with provocation, pain with direct palpation over the lower lumbar facet joints, limited range of motion secondary to pain, significant concordant tenderness and trigger points in the thoracolumbar musculature and diffuse tenderness throughout the low back and interspinous areas. A request for authorization of 12 sessions of physical therapy of the lumbar spine was submitted. The reason for the request was not specified.

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 for lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. This is a remote injury from 2004 and extensive therapy and treatments have been carried out. Therefore, additional physical therapy is not medically necessary without the requisite documentation.