

Case Number:	CM15-0117429		
Date Assigned:	06/25/2015	Date of Injury:	06/06/2002
Decision Date:	07/24/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on June 6, 2002, incurring lower back injuries. Imaging and studies revealed lumbar degenerative disc disease and lumbosacral radiculopathy. He was diagnosed with lumbar disc disease and lumbar radiculopathy. Treatment included physical therapy, epidural steroid injection, anti-inflammatory drugs, pain medications and surgical laminectomy in 2005. Currently, the injured worker complained of persistent back pain radiating into the lower leg and sciatic pain. His pain level was 8 out of 10 on a pain scale from 0 to 10. He complained of lumbar spinal spasms with reduced range of motion. The treatment plan that was requested for authorization included twelve additional physical therapy sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy for the low back, 3 times a week for 4 weeks, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 additional physical therapy sessions to the low back three times per week times four weeks, as an outpatient is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post lumbosacral surgery; back pain; sciatic pain; hypertension; and high cholesterol. Subjectively, according to an April 21, 2015 progress note (request authorization April 30, 2015), the worker has ongoing back pain. The injured worker was last seen January 9, 2014. Physical therapy was less attempted January 9, 2014. There are no physical therapy progress notes in the medical record. The total number of physical therapy sessions to date is not documented in the medical record. There is no documentation demonstrating objective functional improvement with prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is warranted. Consequently, absent clinical documentation demonstrating objective functional improvement from prior physical therapy, physical therapy progress notes and compelling clinical fact indicating additional physical therapy is warranted, 12 additional physical therapy sessions to the low back three times per week times four weeks, as an outpatient is not medically necessary.