

Case Number:	CM15-0117791		
Date Assigned:	07/23/2015	Date of Injury:	08/21/1998
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
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:

This 56 year old man sustained an industrial injury on 8/21/1998. The mechanism of injury is not detailed. Diagnoses include lumbosacral surgery and transitional lumbar stenosis. Treatment has included oral medications and epidural steroid injection. Physician notes dated 5/13/2015 show complaints of low back pain with radiation to the left thigh. Recommendations include physical therapy, Ultracet, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines.

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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy visits are 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post L3- S1 fusion; transitional stenosis L2 -L3 with 80% improvement of primary left lower extremity radiculopathy status post epidural steroid injection. The date of injury is August 21, 2008. Request for authorization is May 28, 2015. According to a progress note dated May 13, 2015, the injured worker present for follow-up of back pain. The documentation indicates the injured worker underwent a course of physical therapy in 2013 with minimal benefit. The total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement from prior physical therapy. Consequently, absent clinical documentation demonstrating objective functional improvement from prior physical therapy, documentation indicating minimal improvement from prior physical therapy and no compelling clinical facts indicating additional physical therapy is warranted, 12 physical therapy visits are not medically necessary.