

Case Number:	CM15-0119296		
Date Assigned:	06/29/2015	Date of Injury:	04/02/2014
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39 year old male, who sustained an industrial injury on 4/2/14. The diagnoses have included lumbago, post lumbar laminectomy (7/28/14) syndrome with lumbar radiculopathy, gait disturbance and insomnia. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, hot/cold packs, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 5/29/15, the injured worker complains of low back pain with constant right lower extremity (RLE) numbness into the calf with walking. He reports that there is no significant change in the lumbar spine or radicular symptoms. The pain is rated 5/10 on pain scale. The objective findings reveal that the bilateral hamstrings have a slight restriction noted, the central lumbar mobility reveals hypomobility, and there is decreased range of motion noted in the lumbar spine. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The physician requested treatment included Physical therapy 2 times a week for 3 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 weeks lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Physical therapy 2x3 weeks lumbar is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior total PT sessions for the lumbar spine the patient has had and why he is unable to perform an independent home exercise program. The documentation does not reveal significant objective functional improvement as defined by the MTUS from prior PT therefore the request for additional physical therapy is not medically necessary.