

Case Number:	CM15-0119461		
Date Assigned:	06/29/2015	Date of Injury:	06/18/2009
Decision Date:	08/04/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/22/2015

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 male, who sustained an industrial injury on 06/18/2009. On provider visit dated 04/20/2015 the injured worker has reported back pain. On examination of then decreased range of motion in the lumbar spine and pain was noted in the lumbar facet loading bilaterally, decreased sensation at L4-L5 and S1 dermatome on the right. The diagnoses have included lumbar disc herniation at L5-S1 with moderate to severe bilateral neural foraminal narrowing, spondylolisthesis of L4-L5 with bilateral L4 defects and lumbar radiculopathy. Treatment to date has included physical therapy, injections, home exercise program, and medication. The provider requested one physical therapy two times a week times four weeks for the lumbar spine in attempt to decreased pain and increase activity level.

IMR ISSUES, DECISIONS AND RATIONALES

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

One physical therapy two times a week times four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) 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 no documentation of specific objective functional improvement with any 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. In light of the above issues, the currently requested physical therapy is not medically necessary.