

Case Number:	CM15-0124088		
Date Assigned:	07/08/2015	Date of Injury:	07/12/2007
Decision Date:	08/05/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/26/2015

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 47-year-old female who sustained an industrial injury on 07/12/2007. The injured worker was diagnosed with lumbar disc desiccation and right shoulder impingement syndrome. The injured worker underwent a L4-5 discectomy and decompression in 2011, lumbar revision with transforaminal interbody fusion at L4-5 in 2013 and right shoulder arthroscopy (no date documented). Treatment to date has included diagnostic testing with recent electro diagnostic studies on May 4, 2015, surgery, extensive physical therapy and medications. According to the primary treating physician's progress report on April 9, 2015, the injured worker continues to experience left leg pain radiating to the 4th and 5th toes. The injured worker has difficulty walking and changing positions due to pain. There was guarding and muscle spasm present. Straight leg raise was positive on the left when sitting and supine and negative on the right. Sensation was decreased on the left S1 area. Current medications are listed as Norco 10/325mg, Zanaflex, Prilosec and Senna. Treatment plan consists of lumbar magnetic resonance imaging (MRI), continuing with medication regimen and the current request for additional physical therapy three times a week for four weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for the low back: Upheld

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

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, physical therapy three times per week times four weeks to the low back 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 workers working diagnoses are L4 - L5 TLIF and revision decompression March 14, 2013; status post left L4 - L5 discectomy September 22, 2011; L5 - S1 disc desiccation; and right partial thickness supraspinatus tendon tear. The date of injury is July 12, 2007. The request for authorization was dated May 21, 2015. A progress note dated April 16, 2015 does not discuss or provide a clinical indication or rationale for this therapy. A progress note dated June 15, 2015 states and authorization for physical therapy is presently pending. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement. The total number of physical therapy sessions to date is not specified. There are no compelling clinical facts in the medical record indicating additional physical therapy is currently warranted. The utilization review provider indicated the worker received an adequate number of physical therapy sessions and should be familiar with the exercises performed during therapy to engage in a home exercise program. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and a progress note with a clinical indication and rationale for additional physical therapy, physical therapy three times per week times four weeks to the low back is not medically necessary.