

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0125315 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 05/04/2014 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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

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 35 year old male who sustained an industrial injury on 5/4/14 with a chief current complaint of low back pain. Diagnoses are acute industrial lumbosacral sprain/strain and L3-4 and L4-5 disc protrusions, confirmed by MRI studies. In an Agreed Medical Examination dated 4/7/15, the physician notes the injured worker's pain of the low back is described as radiating to the bilateral buttocks with associated numbness. Symptoms increase with twisting, stooping, bending, coughing, and sneezing, pushing, and pulling, sitting for 5 minutes, standing for 15 minutes, and walking for 10 minutes. The pain is rated at 7/10 and constant. An MRI of the lumbar spine done 10/3/14 reveals mild degenerative changes spanning L3 to S1 with disc bulges at the L3-4 and L4-5 levels resulting in a moderate degree of stenosis. An MRI of the lumbar spine done 4/14/15 reveals a prominent disc bulge at the L4-5 level resulting in a moderate degree of central canal stenosis. A smaller disc bulge is identified at L3-4 with superimposed annular tear. At L5-S1, a small disc bulge is noted which does not appear to be resulting in any neural compression. X-ray of the lumbar spine reveals mild dextroconvex scoliosis of the lumbar spine with exaggeration of lumbar lordosis. There is mild disk space narrowing at the posterior aspect of L4-5 disk space. There are mild facet degenerative changes of the lower lumbar spine. Work status is noted as able to work with restrictions. He is currently not working. Physical exam notes there is slight paralumbar muscle spasm without tenderness to palpation. Range of motion of the back is forward flexion to the knees, extension 20 degrees with pain, lateral bending lacks 6 inches from placing fingertips on the fibular heads, with pain, and rotation right and left is 30 degrees, with pain. Motor, sensory and tendon reflexes exam are

normal. Previous treatment includes rest, Motrin, muscle relaxers, 6 sessions of physical therapy- did not respond well, and acupuncture-did not respond favorably. The requested treatment is physical therapy three times a week for two weeks for 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 3xwk x 2wks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints with noted poor response, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury of 5/4/14. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 3xwk x 2wks lumbar spine is not medically necessary and appropriate.