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| Case Number: | CM15-0126516 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 02/04/2015 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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 (IW) is a 38-year-old male who sustained an industrial injury on 02/04/2015. Diagnoses include congenital spondylolisthesis and sciatica. X-ray of the lumbar spine dated 4/21/15 showed grade I anterior spondylolisthesis of L5 on S1 with bilateral pars defects; there was no change in listhesis on flexion/extension views. Treatment to date has included medication, physical therapy (PT), TENS unit and activity modification. According to the progress notes dated 6/9/15, the IW reported right lower back pain with a pulling sensation in the posterior thigh; no radiation past the knee. The pain was constant with fluctuations in severity. Ibuprofen was helpful for pain relief most days and TENS unit and heat were helpful. Leg pain was present with extension and twisting. On examination, range of motion of the lumbar spine was reduced; guarding and spasms were noted on extension. Pain in the low back and right leg was associated with extension and right lateral bending. There was tenderness to the right paraspinal muscles and the posterior superior iliac spine. Reflexes and sensation were normal. A request was made for additional physical therapy two times a week for four weeks for the lumbar spine, quantity: 8. He had attended seven PT sessions and did not proceed further due to his left shoulder injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the lumbar spine, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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, additional physical therapy lumbar spine two times per week times four weeks 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are congenital spondylolisthesis; sciatica; and lumbar contusion/sprain associated with L5 - S1 grade 1 isthmic spondylolisthesis; and severe L5 - S1 DDD. The date of injury is February 4, 2015. The request for authorization is dated June 11, 2015. According to a June 9, 2015 progress note, the injured worker has ongoing back and left shoulder pain. The injured worker reportedly received seven physical therapy sessions. A physical therapy progress note dated May 6, 2015 indicates the injured worker was receiving physical therapy session #10. Subjectively, the back is feeling better. There is no objective documentation in the progress note. Instructions indicated continue with physical therapy and home exercise program to increase lumbar pelvic stability. Based on the clinical documentation the guidelines recommend 10 sessions of physical therapy over eight weeks. The injured worker received 10 sessions of physical therapy. There are no compelling clinical facts documented in the medical record indicating additional physical therapy (over and above guideline recommendations) is clinically indicated. Additionally, the injured worker was instructed on a home exercise program. Consequently, absent compelling clinical documentation indicating additional physical therapy over and above the recommended guidelines as indicated, additional physical therapy lumbar spine two times per week times four weeks is not medically necessary.