

Case Number:	CM15-0171242		
Date Assigned:	09/11/2015	Date of Injury:	06/13/2013
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

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 25-year-old male, who sustained an industrial injury on June 13, 2013, incurring low back injuries. He was diagnosed with lumbar disc disease with extrusion and lumbar radiculopathy. He underwent a right sided lumbar micro discectomy. Treatment included diagnostic imaging, physical therapy, occupational therapy, anti-inflammatory drugs, muscle relaxants, pain medications and activity restrictions and modifications. Currently, the injured worker complained of persistent low back pain radiating to the right lower extremity into the right ankle. He noted anti-inflammatory drugs, pain medications, rest and physical therapy help relieve his pain rated 6 out of 10. He noted increased pain with range of motion. Prolonged walking and standing aggravate the injured worker pain. He noted his right lower extremity occasionally buckles. The treatment plan that was requested for authorization on August 31, 2015, included twelve additional physical therapy visits over six weeks for the low back. On August 14, 2015, utilization review the request for additional physical therapy was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional physical therapy visit over 6 weeks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The claimant sustained a work injury in June 2013 and underwent a lumbar decompression in February 2014 for right lumbar radiculopathy with 10-12 sessions of physical therapy afterwards. When seen, he had done well for more than a year but was now having a return of pain with right lower extremity radiating symptoms. A repeat MRI scan had shown right-sided L4-5 disc bulging with scarring. Physical examination findings included positive right straight leg raising with decreased strength. His BMI was nearly 40. After the surgery performed, guidelines recommend up to 16 visits over 8 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.