

Case Number:	CM15-0173681		
Date Assigned:	09/15/2015	Date of Injury:	11/01/2011
Decision Date:	10/22/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/03/2015

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, Hawaii
 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 37 year old male, who sustained an industrial injury on 11-1-2011. He reported injury to the low back from repetitive lifting activity. Diagnoses include degenerative disc disease, status post lumbar decompression in September 2014, and rule out cervical disc injury. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, and epidural steroid injections. Currently, he complained of low back pain with radiation to bilateral lower extremities, left greater than right and neck pain with radiation to bilateral upper extremities. Current medication listed included hydrocodone twice a day. The medical records submitted for this review included physical therapy treatment notes indicating twenty four post-operative physical therapy sessions had been completed with ongoing weakness documented. On 7-23-15, the physical examination documented limited lumbar range of motion. The cervical spine and muscles were tender with decreased range of motion and diminished sensation to upper extremities. The plan of care included continuation of physical therapy. The appeal requested authorization for twelve (12) physical therapy sessions. The Utilization Review dated 8-3-15, denied the request stating "the request for twelve sessions of physical therapy exceeds recommended guidelines" per California MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral lower extremities, and neck with radiation to the bilateral upper extremities. The current request is for 12 Sessions of physical therapy. The treating physician report dated 7/23/15 (68B) states, "Continue with request for physical therapy cervical spine, 3 times per week for 4 weeks, emphasis on active therapy." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The patient is status post lumbar decompression, September 2014, and is no longer within the postsurgical treatment period as established by the MTUS-PSTG. The medical reports provided show the patient received 24 post-op physical therapy sessions for the lumbar spine previously. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the current request does not specify what body part is to be addressed during the requested therapy. The current request is not medically necessary.