

Case Number:	CM15-0175258		
Date Assigned:	09/16/2015	Date of Injury:	06/30/1988
Decision Date:	10/19/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/04/2015

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 63 year old female who sustained an injury on 6-30-88. Diagnoses include status post multiple prior lumbar surgeries; lumbar, lumbosacral spondylosis; large central HNP L1-L2, L2-L3 and severe central spinal stenosis at L3-L4. The medical records on 3-25-15 indicate that she has a very complicated lumbar spine surgery history and would like to attempt 3-6 months of additional conservative management including physical therapy exercises and weight loss since she has gained 15 pounds. Surgically she would be a candidate for a decompressive type of procedure posteriorly to alleviate residual stenosis; decompression L1-2, 3-4, revision decompression L2-3. Office visit on 6-10-15 reports she has lumbar spine pain that occur constantly and is unchanged. The symptoms are moderate - severe and described as aching. She has had weight gain; leg pain bilaterally has improved. She has been doing her exercises for her lumbar spine on a regular basis and is not taking any medications for her low back. Tramadol is taken on an as needed basis. The physical exam reveals no acute distress; able to ambulate across the room, walk on her tiptoes, walk on her heels. Lumbar range of motion flex forward to 80 degrees, extend to 10 degrees and a staff and lateral bending and lateral rotation. She is neurologically intact bilaterally in her lower extremities. The plan based on her improvement in leg pain and persistence of low back pain was to continue with weight loss and perform her daily core strengthening exercises. Current requested treatments physical therapy, 12 sessions. Utilization review 8-12-15 requested treatment non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is being treated for chronic pain with no new injury and has already had physical therapy including a home exercise program. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a BAPS board for strengthening and balance. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise 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.