

Case Number:	CM15-0176301		
Date Assigned:	09/25/2015	Date of Injury:	08/18/2014
Decision Date:	10/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 is a 54 year old male who sustained an industrial injury on 08-18-2014. Medical records indicated the worker was treated for pain from hitting his right knee, left hand and buttocks in a fall. In the provider notes of 08-12-2015, the worker is noted to have had an initial treatment of six sessions of physical therapy with no benefit. On 09-09-2014, he was seen for chiropractic and further physical therapy with temporary relief. He also had treatment with a pain specialist (03-2015) and underwent one epidural injection and bilateral facet blocks. The injured worker complains of pain that is stabbing in the back rated a 7 on a scale of 0-10, with radiation of achy numbness into the right leg that is rated a 6 on a scale of 0- 10, and neck pain rated a 2 on a scale of 0-10. The pain is worsened with sitting greater than one hour, standing greater than 30 minutes, walking greater than 45 minutes, bending forward, bending backwards, coughing and sneezing. The pain is reported to be getting worse. The worker was seen on 08-12-2015 for an initial spinal consultation for complaint of radiating back pain. On exam, he has no visible deformities of the lumbar and thoracic spine. There is tenderness on palpation of the lower thoracic and of the lumbosacral spine. There is no pain at the sacroiliac joints or greater trochanters. Lumbar range of motion is limited with flexion 40 out of 60, extension 10 out of 25, and lateral bending 10 out of 25. He has normal tone with some paraspinal spasms. He has difficulty heel walking on the right side. Straight leg raise is positive on the right and negative on the left. According to the 08-12-2015 provider notes, the MRI scan of the lumbar spine 10-30-2014 revealed “predominant pathology at the L4-L5 level where there is significant disc space narrowing. There is moderate central canal and bilateral neuroforaminal stenosis. At L5-S1 there

is severe bilateral foraminal stenosis. There is some retrolisthesis at L4-5 also.” Treatment recommendations were for a repeat MRI scan of the lumbar spine and flexion-extension X-ray to rule out instability. The work status is temporarily totally disabled. A request for authorization was submitted 08-14-20015 for 12 Physical therapy of the lumbar spine, two times a week for six weeks as outpatient. A utilization review decision 08-26-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy of the lumbar spine, two times a week for six weeks as outpatient:

Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.