

Case Number:	CM15-0067295		
Date Assigned:	04/15/2015	Date of Injury:	04/27/2007
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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 60-year-old female who sustained an industrial injury on 04/27/2007. Diagnoses flat back syndrome and status post spinal surgery. Treatment to date has included medications, spinal surgeries, physical therapy and home exercise program. Diagnostics included x-rays. According to the progress notes dated 12/22/14, the IW reported constant, dull mid-thoracic back pain with aching/burning/numbness in the left leg. She indicated the left leg pain had increased since surgery; a request was made for physical therapy one to three times weekly for four weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 1-3 times weekly, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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, physical therapy 1 to 3 times per week for four weeks to the lumbar spine 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are flat back syndrome; and status post spinal surgeries. The documentation indicates the injured worker underwent four lumbar surgeries. The most recent surgery was July 30, 2014. In an October 2014 progress note, the injured worker starting physical therapy session #1. In the progress note dated February 24, 2015, the injured worker started physical therapy session #19. Subjectively, the injured worker was doing better and has relief after the exercises. However, the injured worker has persistent right lower extremity radicular pain. According to a March 25, 2015 progress note, the injured worker ambulates normally. The documentation according to the March 2015 progress note, does not contain a clinical indication or rationale or a treatment plan that states additional physical therapy is warranted. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. The injured worker should be well-versed in the exercises performed during physical therapy to engage in a home exercise program. Consequently, absent compelling clinical documentation with a clinical rationale for additional physical therapy and compelling clinical facts indicating additional physical therapy is warranted, physical therapy 1 to 3 times per week for four weeks to the lumbar spine is not medically necessary.