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| Case Number: | CM15-0068518 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 08/12/2012 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/25/2015 |
| Priority: | Standard | Application Received: | 04/10/2015 |

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 is a 63 year old male, who sustained an industrial injury on 08/12/2012. He reported having trouble removing a rubber bag from a tank causing the injured worker to try harder to remove it when he noted a sharp pain to the lumbar spine. Upon the bag becoming loose, the injured worker lost control of the tank that he was holding in the left arm causing pain to the left shoulder. The injured worker was diagnosed as having lumbar spine sprain/strain, left shoulder sprain/strain, anxiety, depression, and gastritis. Treatment to date has included laboratory studies, cardio-respiratory diagnostic testing, medication regimen, cortisone injection, and electromyogram with nerve conduction velocity. In an initial injury report dated 01/02/2015 the treating physician reports complaints of pain to the low back and left shoulder with restricted range of motion to the left shoulder and lumbar spine region. The treating physician requested physical therapy for a frequency of two with duration of four, but the documentation provided did not indicate the specific reason for the requested therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are herniated nucleus pulposus and L5-S1 with L5 radiculopathy status post epidural steroid injection; and lumbar degenerative disc disease with focal spinal stenosis at L5-S1. The data request for physical therapy is dated March 20, 2015. There are no contemporaneous progress notes on or about that date in the record. The medical record index states a progress note from March 9, 2015 (from the treating physician) is in the medical record. This documentation is not present in the medical record. An agreed medical examination (AME) indicates the injured worker is permanent and stationary. There is no documentation the injured worker would benefit from ongoing therapy. An August 2014 progress note shows the injured worker was receiving physical therapy. There are no progress notes in the medical record nor is there evidence of objective functional improvement. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Consequently, absent contemporaneous clinical documentation with compelling clinical facts indicating additional physical therapy is warranted, physical therapy to the lumbar spine is not medically necessary.