

Case Number:	CM15-0068532		
Date Assigned:	04/21/2015	Date of Injury:	04/30/2014
Decision Date:	05/27/2015	UR Denial Date:	03/11/2015
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: 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 66 year old male, who sustained an industrial injury on 04/30/2014. Utilization Review notes the date of injury as 04/30/2014. According to the only office visit report submitted for review and dated 01/02/2015, the date of injury was noted as 11/15/2012 and 09/12/2006 to 03/14/2014. The injured worker presented with low back pain. Pain was occasional and increased with everyday activities such as walking, standing, sitting, bending, twisting and lifting. He complained of radiating pain, numbness and weakness in the right lower extremity. He walked with a limp and used a cane when walking. On occasion, the right foot flopped when he took a step. Impression was noted as central and left sided herniation L2-3 with facet arthritis and stenosis producing a 5 millimeter canal, L3-4 spondylosis and flavum thickening with lateral recess and foraminal stenosis, L4-5 degenerative spondylolisthesis with disc bulge and severe neuroforaminal and moderate central canal stenosis, L5-S1 minimal bulge and foot drop right more than left with right foot weakness. Treatment plan included an anterior lumbar discectomy and fusion with posterior fixation and internal fixation as well as a back brace. Currently under review is the request for 12 physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the lumbar spine: Upheld

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

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 has a date of injury of 04/30/14 and continues to be treated for radiating low back pain. When seen, he was ambulating with a cane and has right lower extremity weakness with a foot slap when ambulating. Imaging is reported as showing instability. Authorization has been requested for a multilevel lumbar fusion. The requesting provider documents that the claimant has not had prior physical therapy for his back. In this case, the claimant is more than one year status post injury and therefore the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The number of visits requested is in excess of that recommended and therefore not medically necessary.