

Case Number:	CM15-0072407		
Date Assigned:	04/22/2015	Date of Injury:	11/19/2013
Decision Date:	05/20/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/15/2015

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 55 year old female, who sustained an industrial injury on 11/19/2013. Diagnoses have included advanced degenerative disc disease and multilevel cervical disc degeneration. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, epidural steroid injection and medication. According to the progress report dated 2/17/2015, the injured worker complained of low back pain. She reported 50% relief from a recent epidural steroid injection. Physical exam revealed that hip flexion was improved from prior visits. Straight leg raise was positive on the right. Authorization was requested for 18 sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of physical therapy for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 111-113. 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, 18 sessions 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 advanced degenerative disc disease with kyphotic deformity at L2-L3; small central disc protrusion at L5-S1; multilevel cervical disc degeneration and loss of lordosis; and suspected bilateral sacroiliac joint disease. Documentation from the utilization review shows the injured worker received 19 physical therapy sessions. A progress note dated December 26, 2014 states the injured worker received the sixth physical therapy session. There were no additional progress notes in the medical record. There was no documentation in the medical record evidencing objective functional improvement. A February 17, 2015 progress note shows the request for an additional 18 physical therapy sessions. The injured worker is status post epidural steroid injection with 50% improvement in pain. Subjectively, the injured worker complains of chronic low back pain dating back to 2013. Symptoms are worse with bending. Objectively, the musculoskeletal examination includes with 4/5 on the right and 5/5 on the left. There were no other objective findings documented in the medical record. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. There is no documentation demonstrating objective functional improvement (supra) with prior physical therapy (19 sessions but total number sessions received is not documented). Consequently, absent compelling clinical documentation with objective functional improvement from physical therapy received to date and compelling clinical facts demonstrating additional physical therapy is warranted, 18 sessions of physical therapy to the lumbar spine is not medically necessary.