

Case Number:	CM15-0073835		
Date Assigned:	04/23/2015	Date of Injury:	10/12/2014
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/17/2015

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 48-year-old male with an industrial injury dated October 12, 2014. The injured worker's diagnosis includes L5-S1 disc herniation with electro diagnostic chronic L5 radicular findings. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/18/2015, the injured worker reported left sided dominant low back pain rated a 3-4/10 at rest and 6/10 with bending or lifting. The treating physician reported that the injured worker had a marked reduction in the lower extremity symptoms with essentially no residual numbness that was involving his right lateral calf. Objective findings revealed pain over the left low back in the vicinity of the posterior-superior iliac spine and L5 segment. The treating physician reported that the pain was aggravated by lumbar flexion and extension. The treating physician also noted some low back pain with straight leg raises and slight weakness affecting the right anterior tibialis muscle. The treating physician prescribed services for six additional physical therapy sessions to the cervical, lumbar and left knee now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 physical therapy sessions to the cervical, lumbar and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Web Edition.

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) Neck section, Low back section, and Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy six sessions to the cervical spine, lumbar spine and left knee will 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 note. In this case, the injured worker's working diagnosis is L5 - S1 disc herniation with electro diagnostic chronic L5 radicular findings. The documentation (according to an October 27, 2014 progress note) shows the treating provider requested six sessions of physical therapy two times per week times three weeks with a plan for a home exercise program. The injured worker completed 3 of the 6 physical therapy sessions. In a November 19, 2014 progress note, the treating provider requested an additional six sessions of physical therapy. There was no documentation of objective functional improvement with the first six physical therapy sessions. A January 7, 2015 note shows the treating provider requested an additional six physical therapy sessions after a lumbar epidural steroid injection. The most recent progress note dated March 18, 2015, subjectively shows the injured worker has left lower back pain 3-4/10 with rest and 6/10 with activity. Objectively, the documentation states the injured workers focuses of the left low back in the vicinity of the iliac spine and L5 segment. Pain is aggravated by approximately 50 - 60% lumbar flexion and aggravated by 70% of lumbar extension. Straight leg rising causes some low back pain, but no leg pain. There is no objective documentation of the cervical spine. There is no objective documentation regarding the left knee. There were no diagnoses in the medical record regarding the cervical spine or left knee. There was no documentation of objective functional improvement regarding the first six physical therapy visits. There is no neurologic evaluation in the medical record. Consequently, absent clinical documentation with objective functional improvement of prior physical therapy and documentation referencing the cervical spine and left knee with a detailed neurologic evaluation, additional physical therapy six sessions to the cervical spine, lumbar spine and left knee is not medically necessary.