

Case Number:	CM15-0074707		
Date Assigned:	04/24/2015	Date of Injury:	05/11/2011
Decision Date:	05/27/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 49 year old male who sustained an industrial injury on May 11, 2011. Prior treatment includes physical therapy, acupuncture, epidural steroid injection, and medications. Currently the injured worker complains of low back pain. Diagnoses associated with the request status post MLD of L5-S1, lumbar herniated disc, and radiculopathy. The treatment plan includes physical therapy of the lumbar spine. Patient has received 8 PT visits and 24 visits of the acupuncture sessions for this injury. The patient sustained the injury due to cumulative trauma. The patient's surgical history includes lumbar surgery in 2005. The patient has had EMG study that revealed S1 radiculopathy. Per the doctor's note dated 2/25/15 patient had complaints of low back pain at 5/10 with radiation, numbness and tingling and muscle weakness. Physical examination of the low revealed tenderness on palpation, limited range of motion, positive SLR, decreased sensation and 5/5 strength. The current medication list was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 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 therapy Page(s): 98.

Decision rationale: Request: Physical Therapy Lumbar. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received 8 PT visits and 24 visits of the acupuncture sessions for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The request for Physical Therapy Lumbar is not medically necessary for this patient.