

Case Number:	CM15-0074776		
Date Assigned:	04/24/2015	Date of Injury:	10/01/2007
Decision Date:	05/22/2015	UR Denial Date:	04/02/2015
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: 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 was a 55 year old male, who sustained an industrial injury, October 1, 2007. The injured worker previously received the following treatments Soma, Cymbalta, Percocet, Tramadol, Norco, manual therapy aquatic therapy, home exercise program, hot/cold packs, 16 physical therapy sessions, psychiatric services, lumbar spine MRI 2013, flexion and extension x-rays of L4-S1 and cane. The injured worker was diagnosed with status post lumbar fusion of L4-S1 ALIF. According to progress note of March 12, 2015, the injured workers chief complaint was persistent right low back pain and lower extremity. The injured worker walks with a cane. The physical exam noted the injured worker walked with an antalgic gait. The injured worker had minimal to no lumbar range of motion with tenderness to palpation at the lumbosacral junction. There was spasms and guarding of the lower spine. The injured worker needed additional physical therapy, since there was minimal motion, due to the gap in treatment. The last physical therapy noted stated decreased lumbar lordosis with flexed lumbar posture in standing and walking. There was slightly decreased right lower extremity stance. The treatment plan included 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:

Physical Therapy 2x4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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 two times per week times four weeks of 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 status post lumbar fusion L4 - S1 ALIF. The documentation shows the injured worker received 2 cycles of eight sessions of physical therapy for total of 16 physical therapy treatments. The first set was rendered May 15, 2014 through June 10, 2014. The second set was rendered September 9, 2014 through October 15, 2014. There has been some improvement although (according to the physical therapy notes) the injured worker has poor tolerance with increased back pain. The documentation indicates the occupational medicine physician did not see the injured worker for several months. A progress note, dated March 24, 2015 (coinciding with request for authorization the same date), shows there were no complaints, subjectively, referable to the lower back. On physical examination there was minimal tenderness at the lumbar spine level. 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 clinically warranted. Additionally, the progress note dated March 24, 2015 shows minimal lumbar spine objective findings. There is no clinical rationale for additional physical therapy at this time. Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted (with a clinical indication and rationale for additional physical therapy), physical therapy two times per week times four weeks of the lumbar spine is not medically necessary.