

Case Number:	CM15-0026664		
Date Assigned:	02/19/2015	Date of Injury:	01/13/2009
Decision Date:	10/29/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/12/2015

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 37 year old male, who sustained an industrial injury on January 13, 2009. Medical records indicate that the injured worker is undergoing treatment for lumbar pain, left hip bursitis and depression. The injured worker was currently not working. On 12-16-14 the injured worker complained of constant low back pain, tightness and stiffness. The pain was rated 7 out of 10 on the visual analogue scale. The pain was aggravated by movement, prolonged standing, walking, bending and stooping. The injured worker also noted constant left hip pain and difficulty sleeping. Examination of the lumbar spine revealed tightness of the lumbar paraspinal muscles (over the hardware) and a decreased and painful range of motion. Tenderness to palpation was also noted over the left lateral hip and left gluteus and lumbar paravertebral muscles. A straight leg raise test was positive bilaterally. Subsequent progress reports dated 11-19-14 and 10-21-14 indicate the injured workers pain levels were consistent at 7 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, MRI, psychiatric assessments, aquatic therapy (18) and a lumbar fusion (5-9-2014). The injured worker did not have any type of physical therapy for the past 2 months. A current medication list was not provided in the medical records. Current requested treatments include physical therapy (land based) two times a week for six weeks # 12 to the lumbar spine as an outpatient. The Utilization Review documentation dated 1-9-15 non-certified the request for physical therapy (land based) two times a week for six weeks # 12 to the lumbar spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy (land based) 2 times a week for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The claimant sustained a work injury in January 2009 and is being treated for low back pain, left hip pain, and secondary depression with a history of a lumbar discectomy and fusion in May 2014. In November 2014, there had been completion of 18 aquatic therapy sessions. When seen, he had pain rated at 7/10. He was having difficulty sleeping and pain with activities of daily living. Physical examination findings included decreased and painful lumbar range of motion. There was left gluteal and paravertebral muscle tenderness. There were thoracolumbar junction and coccyx spasms. There was decreased left lower extremity sensation and strength with a slightly antalgic gait. There was lateral hip tenderness. The claimant's body mass index was 27.2. Authorization for 12 land-based physical therapy treatments was requested. After the surgery performed, guidelines recommend up to 34 visits over 16 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has had a partial course of physical therapy but had ongoing impairments and had not returned to unrestricted work. There is co-morbid obesity. The requested number of additional post-operative therapy visits remained within accepted guidelines and is medically necessary.