

Case Number:	CM14-0101903		
Date Assigned:	07/30/2014	Date of Injury:	04/01/2013
Decision Date:	12/30/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old patient with date of injury of 04/01/2013. Medical records indicate the patient is undergoing treatment for lumbar spine strain and mechanical discogenic low back pain with annular tear at L4-L5. Subjective complaints include low back pain that comes and goes. Objective findings include lumbar spine flexion 75 degrees, extension 20, lateral flexion 40 bilaterally; positive tenderness to palpation at the bilateral paralumbar muscles. Treatment has consisted of Ketoprofen, Robaxin and Voltaren gel. The treating physician states that the patient had prior physical therapy but does not state the number of visits or the outcome of the visits. The utilization review determination was rendered on 06/12/2014 recommending non-certification of Lumbar additional PT 2x / week RFA 6/3/14 QTY 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar additional PT 2x / week RFA 6/3/14 qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records do not reference current home exercise program or document changes in pain and functioning level or a decrease in medication usage. The treating physician does not indicate improvement from previous physical therapy treatment. As such, the request for Lumbar additional PT 2x / week RFA 6/3/14 QTY 6 is not medically necessary.