

Case Number:	CM14-0139445		
Date Assigned:	09/05/2014	Date of Injury:	10/15/2010
Decision Date:	10/09/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine and is licensed to practice in California. 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:

The injured worker is a 63 year old male who reported an injury on 10/15/2010. The mechanism of injury reportedly occurred while the injured worker was climbing through pipes. The injured worker had diagnoses included lumbosacral spondylosis (degeneration disc disease), axial back pain and lumbar degenerative disc disease and facet neuroforamina spinal stenosis L4-5 right and L4-5 left. Prior treatment included chiropractic treatment, physical therapy, back brace and home exercise program. Surgical history was not provided in the medical records. The injured worker complained of lower back pain which was dull and aching. The clinical note dated 07/24/2014 noted the injured worker reported lumbosacral spine alignment was normal and inspection was unremarkable. Tenderness to palpation of the posterior lumbar spine was absent. Moderate guarding was noted during the lumbar examination. Lumbar range of motion on forward flexion demonstrated the fingertips reached the ankles, extension was 15 degrees, lateral bending was 20 degrees bilaterally, and rotation was 20 degrees bilaterally. Range of motion was painful with extension. Medications included Nabumentone, relafen and cyclobenzaprine hydrochloride. The treatment plan included recommendations for physical therapy with aerobic/back school. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with Aerobic/Back School QTY: 12.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Back school.

Decision rationale: The request Physical Therapy with Aerobic/Back School QTY: 12.00 is not medically necessary. The injured worker complained of lower back pain which was dull and aching. The California MTUS guidelines recommend 8-10 sessions of physical therapy over 4 weeks. The Official Disability Guidelines further state back school is recommended as an option, for patients in an occupational setting, for treatment where there is access to proven programs. There is moderate evidence that back schools have better short-term effects than other treatments for chronic low back pain, and there is evidence that back schools in an occupational setting are more effective than in non-occupational settings. There is no good evidence for the use of back schools for prevention, as opposed to treatment. There is a lack of documentation demonstrating whether the injured worker has had prior physical therapy to the lumbar spine, as well as the efficacy of any prior physical therapy. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request is not medically necessary.