

Case Number:	CM13-0069138		
Date Assigned:	06/23/2014	Date of Injury:	03/30/2012
Decision Date:	01/02/2015	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/20/2013

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:

The patient is a 33 year old person with date of injury 3/30/12. Medical records indicate the patient is undergoing treatment for myoligamentous lumbar spine sprain/strain, small disc protrusion of lumbar spine, and degenerative disc at L5-S1. Subjective complaints include low back pain primarily on right described as mild to moderate, intermittent and dull. Reports pain with walking, standing, and bending. Improvement noted with sitting and rest. Objective findings include tenderness to palpation of right paraspinous region and right sacroiliac region. Ambulates with normal gait. Neurologically intact. Loss of forward flexion by 15 degrees. Treatment has consisted of physical therapy, chiropractic treatment, Naproxen, and Tramadol. The utilization review determination was rendered on 11/18/13 recommendation of non-certification of Eight Physical Therapy Visits for Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Thoracic (Acute and 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. Treating physician did not provide documentation of subjective benefits, nor was there documentation of objective improvement from prior physical therapy sessions. Progress notes made no mention as to the progress of the patient's lumbar spine or his response to physical therapy as it pertains to his request. As such, the request for eight physical therapy visits for lumbar spine is not medically necessary.