

Case Number:	CM14-0171927		
Date Assigned:	10/23/2014	Date of Injury:	03/11/2014
Decision Date:	01/08/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 45 year old male who was injured on 3/11/14. He was diagnosed with lumbar disc disease and sciatica. He was treated with physical therapy (number of sessions completed not documented), and medications. He returned to work with modified work restrictions. On 6/23/14, the worker was seen by his orthopedic physician for an initial consultation who recommended a lumbar support brace, more physical therapy (12 sessions), and continuation of pain medications. These sessions of physical therapy were not approved, but were requested again in 8/2014. Later, on 11/24/14, the worker was again seen by the worker's orthopedic physician reporting continual low back pain with radiation down lower extremities, worse on the right. Physical examination revealed lumbar spasm and tenderness, positive Lasegues' test, and decreased sensation to bilateral posterior thighs and right medial thigh as well as the plantar surface of the right foot. Another request for physical therapy was made as well as continuation of medications. He was also given injections of Toradol, Dexamethasone, and Depo-Medrol.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of physical therapy for the lumbar spine (three times a week for four weeks): Upheld

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

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case had reported to have completed some physical therapy for his low back pain prior to starting to see his new primary treating physician (orthopedic physician, requesting provider), however the following progress notes to show functional benefit from these sessions and how many were completed were not included in the documents available for review. Without this report for the reviewer to see, an approval for additional supervised physical therapy is not possible as there is a requirement for evidence of benefit with previous physical therapy sessions. Therefore, the 12 additional physical therapy sessions will be considered medically unnecessary and reconsideration might be had upon review of this missing evidence. However, a focus in home exercises is still appropriate and preferred for anyone who has had completed previous supervised physical therapy. Therefore the request is not medically necessary.