

Case Number:	CM14-0175657		
Date Assigned:	10/28/2014	Date of Injury:	04/14/2013
Decision Date:	01/02/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/23/2014

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 57 year old male who was injured on 4/14/13. He was diagnosed with lumbar strain/sprain, lumbosacral disc disease, and lumbar radiculopathy. He was treated with lumbar epidural injection, medications, and Physical Therapy (which reportedly did not help). On 9/17/14, the worker was seen by his primary treating physician complaining of his low back pain rated at 3/10 on the pain scale and reported taking medication for this as needed. He reported working with restrictions. Physical examination findings included positive straight leg raise, positive Kemp's sign, tenderness to paraspinals in the lumbar area, and normal strength and sensation. The worker was then recommended a Pain Management Consultation and 12 sessions of Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to the lumbar spine (qty 12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute

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 previously tried Physical Therapy which reportedly was not effective, based on the documentation provided. There was no more detail provided about these sessions of Physical Therapy such as when they took place, how many, and so on. However, there also was no clear evidence of benefit and therefore, any request to repeat Physical Therapy will be based on this failed attempt. Without evidence of benefit from prior Physical Therapy sessions, the current request for 12 more sessions is not medically necessary.