

Case Number:	CM14-0188614		
Date Assigned:	11/19/2014	Date of Injury:	10/04/2008
Decision Date:	01/07/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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 New York. 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 claimant is a 62 year old male who sustained an industrial injury on 10/04/2008. The mechanism of injury was that he slipped at work and injured his low back. His diagnosis is low back pain and he is status post posterior lumbar fusion at the L4-L5 level. He continues to complain of low back pain. On physical exam there is pain with lumbar range of motion, negative straight leg raise bilaterally, and normal motor and sensory exams of the lower extremities. Treatment in addition to surgery has included medical therapy and 24 sessions of physical therapy. The treating provider has requested physical therapy lumbar two times week times four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic low back pain.

Recommendations state that for most patients with more severe acute and subacute low back pain conditions 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has completed a total of 24 physical therapy sessions. There is no specific indication for any additional sessions. There are no abnormal findings reported on physical exam or documentation of failure of a home exercise program. Medical necessity for the requested 8 physical therapy sessions has not been established. The requested service is not medically necessary.