

Case Number:	CM14-0192323		
Date Assigned:	11/26/2014	Date of Injury:	05/07/2014
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 (IW) is a 40-year-old man with a date of injury May 7, 2014. The mechanism of injury was not documented in the medical record. The current diagnosis is lumbosacral (joint/ligament) sprain. Pursuant to the handwritten progress report dated October 28, 2014, the IW complains of persistent low back pain. On exam, there is tenderness over the midline low back. Straight leg raise is negative. Gail is non-antalgic. Magnetic resonance imaging (MRI) is within normal limits. Pursuant to the discharge/discontinuation of therapy dated September 6, 2014, the IW completed 12 sessions of physical therapy. Documentation indicates the IW reached maximum rehabilitation potential/plateau. The treating physician is requesting physical therapy times six additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 visits; lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, six physical therapy visits to the lumbar spine are not medically necessary. The guidelines enumerate the frequency and duration for physical therapy for the lumbar spine. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with the physical therapy). For lumbar sprains and strains, the guidelines recommend 10 visits over eight weeks. In this case, the injured worker is being treated for a lumbosacral sprain/strain. The worker is 40 years old with the date of injury May 7, 2014. Reportedly, the injured worker completed 12 physical therapy visits between May 7, 2014 and September 3, 2014. On the progress note dated September 30, 2014 the treating physician noted the injured worker had persistent low back pain. The guidelines permit 10 visits of physical therapy to promote functional gains. The injured worker completed 12 visits of physical therapy, however, shows a decrease in lumbar range of motion post therapy. The guidelines promote additional physical therapy based on the functional outcome of physical therapy. Consequently, absent the appropriate clinical documentation with objective functional improvement, six (additional) physical therapy visits the lumbar spine are not medically necessary.