

Case Number:	CM14-0194167		
Date Assigned:	12/01/2014	Date of Injury:	06/25/2014
Decision Date:	01/27/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine Rehab 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:

This is a 40-year-old female with a date of injury of 6/25/14. Mechanism of injury was a fall on a wet floor. She injured her back and was diagnosed with a lumbar sprain and lumbosacral neuritis. She also had a right wrist strain. She has had extensive conservative care, including OT, PT, chiro, medications and modified activity. 9/10/14 follow-up report notes continued symptoms. Though there was some improvement, pain persisted, and the patient was referred to neurosurgery and a pain specialist. MRI was done and showed minimal lumbar disc bulges and spondylosis. EMG was normal. The patient was a no-show for a 9/15/14 neurosurgery consult. The most recent PTP report for review was on 10/03/14. The patient had persistent pain at the low back and right wrist/hand. There was mild improvement with meds and rest. Lumbar exam showed normal ROM with no documented abnormalities of the lumbar spine. Neurologic exam was normal. Continued chiropractic care and epidural injections were recommended. This was submitted to Utilization Review on 10/28/14 with an adverse determination rendered on 10/30/14. The UR report notes that the patient had completed 12 sessions of PT and 12 sessions of chiropractic. Given the normal exam, minimal abnormalities on MRI and extensive treatment to date, additional PT was not recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 3 Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical therapy Page(s): 98. Decision based on Non-MTUS Citation ODG: PT

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical medicine treatment; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition Revised, (2007) Chapter 12, page(s) 130-132.

Decision rationale: Guidelines recommend 8-12 sessions of PT for this type of low back diagnosis. The CA MTUS recommends 9-10 sessions of PT for myalgia, ACOEM revised 2nd edition recommends 8-12 sessions of PT, and ODG recommends 9-12 sessions of PT. In this case, the patient presents in follow-up with persistent low back pain symptoms despite 12 sessions of PT and 12 sessions of chiro. She has a normal examination, minimal abnormalities on MRI and a normal EMG. There is no clear indication for extension beyond guideline recommendations for PT duration versus doing a self-directed home exercise program. Medical necessity for additional PT 2 x 3 for the low back is not established.