

Case Number:	CM14-0204296		
Date Assigned:	12/16/2014	Date of Injury:	11/19/2013
Decision Date:	03/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 is a 45 year old female, who sustained an industrial injury on 11/19/2013. The diagnoses have included lumbago, chronic low back pain and myofascial spasm. Past medical history included diabetes. Treatment to date has included medications, acupuncture, physical therapy and trigger point injection. Per the physician report from 8/26/2014, the injured worker had completed 15 visits of physical therapy. The injured worker reported that the physical therapy was mildly beneficial. Per the physical therapy assessment from 8/21/2014, the injured worker would be better suited to working independently at a gym and was discharged to a fitness program. Per the PR2 from 11/19/2014, the injured worker complained of ongoing mid and low back pain. She reported having this pain with any kind of repetitive motion, bending or twisting. Physical exam revealed forward flexion to about 60 degrees, extension to 30 degrees which caused pain in and around the facets and increased pain with extension and rotation. There was facet loading pain. The injured worker had permanent work restrictions of no lifting, pushing or pulling greater than five pounds; no repetitive bending or twisting. The treating provider is requesting authorization for 12 visits of physical therapy to help with low back pain. On 12/2/2014, Utilization Review (UR) non-certified a request for physical therapy 3 x week x 4 weeks, low back, noting that the injured worker had already been authorized for 9 physical therapy sessions and there was no documentation of objective functional improvement through prior therapy; it was unclear why the injured worker could not be directed to self home exercise. The MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week x 4 weeks low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG Low Back (updated 11/21/14)

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

Decision rationale: Physical Therapy 3x week x 4 weeks low back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient has already had 9 visits of PT for this low back without evidence of significant functional improvement. The patient should be participating in an independent home exercise program. Furthermore, the request exceeds the recommended number of visits for this condition. Therefore, physical therapy 3 x week x 4 weeks is not medically necessary.