

Case Number:	CM14-0214056		
Date Assigned:	12/31/2014	Date of Injury:	07/17/2014
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 38 year old patient with date of injury of 07/17/2014. Medical records indicate the patient is undergoing treatment for lumbosacral spine musculoligamentous sprain. Subjective complaints include mild pain in the lower back radiating to the right groin; patient rates pain 3/10. Objective findings include examination of the thoracic spine find tenderness and spasm are palpable bilaterally, rotation is 45 degrees bilaterally; examination of the lumbosacral spine find tenderness and spasm are palpable bilaterally, flexion is 40 degrees, extension is 20 degrees; normal motor, reflex and sensory in the lower extremities; straight leg raising test is negative bilaterally. Treatment has consisted of 22 sessions of physical therapy with temporary improvement, home exercises, chiropractic treatment, Cyclobenzaprine and Hydrocodone. The utilization review determination was rendered on 11/26/2014 recommending non-certification of Physical therapy 2 x 4 low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Low back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate the patient has received over 22 physical therapy sessions with general improvement. California MTUS recommends fading of treatment frequency. The patient has exceeded ODG recommendations for number of visits and should be familiar with a home exercise program. As such, the request for Physical therapy 2 x 4 low back is not medically necessary.