

Case Number:	CM15-0000113		
Date Assigned:	01/09/2015	Date of Injury:	05/30/2014
Decision Date:	03/09/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/31/2014

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 37 year old injured male, sustained injury on 5/30/14 at which time he experienced low back pain with muscle stiffness after lifting 40 pounds of tire rims causing him to be unable to stand up straight. The exact mechanism of injury was not clear. He was seen at an occupational clinic and was cleared of fracture. Currently he complained of intermittent low back pain with radiation to the legs with numbness and tingling. The pain intensity is 9/10. His activities of daily living are compromised because of pain. He has trouble sleeping. His studies to date include electromyography (EMG) result abnormal and nerve conduction studies (NCS) result normal; radiographs of lumbar spine were normal and MRI. Diagnoses include herniated nucleus populsus with sciatica left greater than right; anxiety; depression and insomnia. Medications include Tylenol #4, Prilosec, Naprosyn, Norflex. The injured worker has had 6 physical therapy sessions with minimal improvement; and S1 trigger injection which was not helpful. The treating provider is requesting 18 physical therapy sessions for the lumbar spine because of continued back pain. On 12/26/14 Utilization Review non-certified the request for 18 physical therapy (PT) sessions for the lumbar spine based on lack of documentation that would indicate the number of physical therapy sessions already attended, the efficacy as well as the pain rating from previous PT. In addition the number of visits requested exceeds the recommendation of 8-10 visits. MTUS Chronic Pain was referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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 do not indicate if an initial trial was used and if so there is no record of evaluation of effectiveness. Also, the number requested exceeds recommendations and the record does not provide any notation as to how many visits this individual has already had. As such, the request for 18 sessions of physical therapy is deemed not medically necessary.