

Case Number:	CM15-0000950		
Date Assigned:	01/12/2015	Date of Injury:	08/27/2013
Decision Date:	09/25/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Family Practice

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 54-year-old male who sustained an industrial injury on 8-27-2013. He has reported injury to the thoraco-lumbar spine and has been diagnosed with displacement of intervertebral disc, site unspecified, without myelopathy, sprain of lumbar, lumbago, and pain in thoracic spine. Treatment has included medications, physical therapy, acupuncture, and injection. There was tenderness to the lumbar spine, no changes in motion, sensation or strength. X-rays were taken of the thoracic spine and lumbar spine, which showed loss of lumbar lordosis. The treatment plan included physical therapy and medications. The treatment request included 6 additional post-operative physical therapy visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the lumbar spine, 2 times a week for 3 weeks; 6 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is recommended; however, there are guidelines on the specific number of sessions authorized as well as an expectation to allow for a fading of treatment frequency and direction towards an active self-directed home exercise program. The specific recommendations are as follows: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the records indicate that the patient has received a course of physical therapy during September/October, 2014. The exact number of sessions is not specified in the medical records. As the patient has already undergone a course of physical therapy, it would be expected that he should be engaged in an active self-directed home exercise program. There is no information provided to indicate that the patient is incapable of engaging in a home exercise program. Given the patient has already undergone a course of physical therapy, there is insufficient justification to provide additional physical therapy for the lumbar spine, 2 times a week for 3 weeks. The additional physical therapy is not medically necessary.