

Case Number:	CM15-0002595		
Date Assigned:	01/15/2015	Date of Injury:	09/02/2013
Decision Date:	03/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/06/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 34 year old female, who sustained an industrial injury on 9/2/13. She has reported low back and right foot/ankle. The diagnoses have included lumbar muscle strain and spasm with possible radiculopathy. Treatment to date has included medications, chiropractic treatments, TENS unit and physical therapy. (MRI) magnetic resonance imaging of lumbar spine was performed on 2/9/14 which revealed disc desiccation and loss of height at L5-S1, L3-4, L4-5 and L5-S1 disc protrusion. (MRI) magnetic resonance imaging of right foot performed 2/9/14 was unremarkable. Currently, the injured worker complains of dull, achy pain in low back with radiation to the right lower extremity with numbness and tingling and weakness. Physical exam dated 9/15/14 revealed tenderness to palpation of the lumbar spine with no loss of range of motion. On 12/15/14 Utilization Review non-certified physical therapy 1 time per week for 4 weeks to lumbar spine, noting the response to previous physical therapy was not documented. The MTUS, ACOEM Guidelines, was cited. On 12/23/14, the injured worker submitted an application for IMR for review of physical therapy 1 time per week for 4 weeks to lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 4Wks, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Low back section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar sprain; lumbar myelopathy; and lumbar sciatica. Subjectively, the injured worker continues to complain of low back pain that radiates down the left lower extremity. The documentation shows the injured worker received acupuncture and prior physical therapy. The documentation does not contain the total number of physical therapy sessions received. There are no physical therapy notes. There is no documentation of objective functional improvements relating to prior physical therapy. The guidelines state when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to support additional physical therapy. Consequently, absent compelling clinical documentation without evidence of objective functional improvement to support additional physical therapy, physical therapy two times per week times four weeks to the lumbar spine is not medically necessary.