

Case Number:	CM15-0003055		
Date Assigned:	01/14/2015	Date of Injury:	05/22/2009
Decision Date:	04/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 47 year old male, who sustained an industrial injury on 5/22/09. The injured worker has complaints of upper back, low back and bilateral hip region. Examination noted that sensation was intact in the left lower extremity involving the mid-anterior thigh, left mid-lateral calf and left lateral ankle. The diagnoses have included sprain/strain to the hip and displacement of a thoracic intervertebral disc. According to the utilization review performed on 12/8/14, the requested 12 Physical therapy for the lumbar spine, 2 times a week for 6 weeks, outpatient has been non-certified. California Medical Treatment Utilization Schedule (MTUS); American College of Occupational and Environmental Medicine (ACOEM) 2004, OMPG low back, chapter 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy for the lumbar spine, 2 times a week for 6 weeks ASSOCIATED SERVICES OF A SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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 fail to indicate if a initial trial was used and what were the results. As such, the request for 12 sessions of physical therapy to lumbar spine 2 x a week for 6 weeks is not medically necessary.