

Case Number:	CM15-0003591		
Date Assigned:	01/14/2015	Date of Injury:	08/27/2014
Decision Date:	03/16/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/08/2015

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: Preventive Medicine, Occupational 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 62 year old female who sustained an industrial injury on 08/27/2014 when she slipped on water and fell backwards striking her head and injuring her neck and back. She has reported low back pain that is worse with prolonged standing. The diagnoses have included lumbar spine sprain and strain, rule out herniated lumbar disc. Treatment to date has included evaluation in the emergency department with x-rays, and follow-up care with pain medications and physical therapy. Currently, the IW complains of neck pain radiating over the right upper back and right shoulder. Shoulder pain is worse with work above shoulder level, and low back pain is worse with prolonged standing. On examination she has a positive Spurling and Foramina compression tests and tightness and spasm at the trapezius and sternocleidomastoid and strap muscles right and left. There is a positive impingement test and tenderness of the rotator cuff, and the lumbar spine has spasm and tenderness of the lumbar paraspinal muscles. According to the IW, the physical therapy helped slightly to decrease pain intensity and allowed the IW to continue to work with full duties. On 12/15/2014 Utilization Review modified a request for 15 sessions of Physical Therapy 3 times per week for 5 weeks to lumbar spine to approve physical therapy 3 times a week for 1 week, noting the IW had been approved for 6 physical therapy visits on 10/15/2014. The MTUS allows for fading of treatment frequency from up to 3 visits per week to 1 or less and ODG physical therapy guidelines allow for 10 visits over 8 weeks. The MTUS page 99 Physical Medicine Guidelines and ODG Low back Physical therapy were cited. On 01/08/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 sessions of Physical Therapy 3x for 5 weeks to 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 (ODG) Low Back

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

Decision rationale: MTUS Guidelines recommend between 8-10 sessions of physical therapy as adequate for conditions such as this individual has. The Guideline recommended physical therapy is to taper in frequency during its course of treatment. ODG Guidelines are consistent with this recommendation for up to 10 sessions. It is documented that a prior 6 sessions were completed with some benefit. However, the request for an additional 15 sessions of physical therapy greatly exceeds what is Guideline recommended and there are no unusual circumstances to justify such an exception. The request for additional therapy 3X's week for 5 weeks for the lumbar spine is not supported by Guidelines and is not medically necessary.