

Case Number:	CM15-0006169		
Date Assigned:	01/21/2015	Date of Injury:	02/24/2007
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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 70 year old male, who sustained an industrial injury on 2/24/07. He has reported back pain. The diagnoses have included sciatica. Treatment to date has included medications and physical therapy. Currently, the IW complains of back pain. The physical exam noted on 11/26/14 revealed tenderness in midline and paraspinals with limited range of motion of lumbar area. On 12/11/14 Utilization Review non-certified additional physical therapy 3 times a week for 4 weeks, noting this exceeds the 8-10 visits recommended for this condition. The MTUS, ACOEM Guidelines, was cited. On 1/6/15, the injured worker submitted an application for IMR for review of additional physical therapy 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to the low back, 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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, additional physical therapy for the low back three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving 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 diagnosis is sciatica, stable. Subjectively, the injured worker has minimal pain in the low back. Injured worker completed 12 physical therapy sessions in the states it helps reduce pain and increase range of motion. Objectively, the lumbar spine shows low back tenderness in the midline with range of motion limited due to pain. Documentation in the medical record contained progress notes from prior physical therapy. However, the physician did not document objective functional improvement associated with that physical therapy. According to the progress note dated November 26, 2014, the injured worker has minimal pain in the low back. Injured worker should be well versed in home exercises pursuant to the physical therapy. Home exercises are an extension of physical therapy according to the guidelines. The guidelines state when the treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There were no compelling facts/exceptional factors in the medical record to warrant additional physical therapy. As noted above, the documentation indicates the injured worker has minimal pain low back. Consequently, absent compelling clinical documentation to support additional physical therapy, additional physical therapy for low back three times per week for four weeks is not medically necessary.