

Case Number:	CM15-0007581		
Date Assigned:	01/26/2015	Date of Injury:	10/02/2014
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 48 year old male with an industrial injury dated October 2, 2014. The injured worker was diagnosed with lumbar sprain/strain. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, chiropractic treatment, consultation, and periodic follow up visits. According to the progress note dated 11/14/14, the physical exam revealed paraspinal muscles tenderness in the lumbar spine with decrease range of motion. The treating physician prescribed services for physical therapy 1x per week for 6 weeks for the lumbar spine. Utilization Review (UR) determination on December 23, 2014 denied the request for physical therapy 1x per week for 6 weeks for the lumbar spine, citing MTUS, ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1x Per Week For 6 Weeks For The Lumbar Spine: Upheld

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

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 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. The treating physician states that the patient was authorized 9 physical therapy visits in 11/14. However, the physician did not document the success or failure of those sessions and why the patient should have additional physical therapy that exceeds guidelines. As such, the request for Physical Therapy 1x Per Week For 6 Weeks For The Lumbar Spine is not medically necessary.