

Case Number:	CM15-0103537		
Date Assigned:	06/18/2015	Date of Injury:	04/25/2009
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	05/29/2015

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:

This 51 year old female sustained an industrial injury on 4/25/09. She subsequently reported low back pain. Diagnoses include lumbar radiculopathy. Treatments to date include nerve conduction, x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, the lumbar spine tenderness and spasm are noted along the bilateral paravertebral muscles. Spinous process tenderness is noted on L3-S1. Lumbar facet loading is positive bilaterally. Straight leg raising test is positive on the right in supine position at degrees with lower back pain at 60 degrees and on the left side in supine position at degrees lower back pain at 40 degrees leg pain at 40 degrees. A request for Physical therapy 3x4 lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 lumbar spine: 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 Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three 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 moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are musculotendinoligamentous sprain thoracic spine; musculotendinoligamentous sprain lumbar spine; disc bulging lumbar; radiculopathy lumbar; adjustment reaction; chronic pain and disability with delay to functional recovery; lumbar facet arthropathy; trochanteric bursitis; scoliosis; sacroiliac dysfunction; insomnia; and sprain strain sacroiliac ligament. The date of injury is April 25, 2009. Utilization review states the injured worker received six prior physical therapy visits. There is no documentation in the medical record indicating a home exercise program is not clinically indicated. On March 18, 2015, the documentation shows an initial physical therapy evaluation. The treatment plan indicates 12 physical therapy sessions (two times per week time six weeks. There are no additional physical therapy progress notes the medical record. The injured worker has ongoing back pain. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted (over and above the recommended guidelines). Consequently, absent clinical documentation with objective functional improvement of prior physical therapy (12 visits) and compelling clinical facts indicating additional physical therapy is warranted, physical therapy three times per week times four weeks to the lumbar spine is not medically necessary.