

Case Number:	CM15-0130264		
Date Assigned:	07/16/2015	Date of Injury:	06/24/2014
Decision Date:	09/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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 58 year old female sustained an industrial injury on 6-24-14. She subsequently reported back pain. Diagnoses include lumbar-lumbosacral disc degeneration and lumbar facet arthropathy L4-5 bilateral. Treatments to date include nerve conduction and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back, right knee and right foot pain. Upon examination, reduced lower extremity reflexes were noted. A request for Physical therapy for the lumbar spine, 10 sessions 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 for the lumbar spine, 10 sessions: Upheld

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

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 lumbar spine 10 sessions 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 committee 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 diagnosis is lumbar DDD. The date of injury is June 24, 2014. Request authorization is June 23, 2015. According to a May 26, 2015 progress note, the injured worker has ongoing back pain, right knee pain and dorsal pain. Medications include ibuprofen. Objectively, examination of the back shows a normal range of motion; normal gait was normal motor and sensory findings. The worker received 14 physical therapy sessions. The treating provider wants an additional 10 sessions to complete the recommended number of physical therapy sessions. The guidelines recommend 10 physical therapy sessions over eight weeks for lumbar spine sprain/strain. There is no clinical indication/rationale for 24 physical therapy sessions. As noted above, the injured worker received 14 physical therapy sessions. The documentation does not demonstrate objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is warranted (over the recommended guidelines). Based on clinical information record, peer-reviewed evidence-based guidelines and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy lumbar spine 10 sessions is not medically necessary.