

Case Number:	CM15-0130511		
Date Assigned:	08/04/2015	Date of Injury:	06/19/2012
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male, who sustained an industrial injury on 6-19-2012. He reported left sided low back pain while lifting a box of meat. The injured worker was diagnosed as having lumbar myofascial strain-sprain. Treatment to date has included diagnostics, facet block injections, unspecified physical therapy, and medications. Currently (6-25-2015), the injured worker complained of sore and painful neck and shoulders. He reported taking Naprosyn as needed, rather than as prescribed, and stated that it did help when taken. Pain was not rated. Exam of his lumbar spine noted full range of motion in all planes, except extension was limited to 15 degrees. Right sided paraspinous tenderness and spasms were noted. He was awaiting authorization for physical therapy for the back. He was returned to full duty, with no restrictions or limitations. On 5-27-2015, he reported intermittent and moderate low back pain and numbness radiating down the right leg. He was working regular duties without difficulty. It was documented that he had received well over 30 physical therapy visits. The treatment plan additional included physical therapy for the low back, 1x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for four weeks for the low back, lower back, lumbar spine, quantity : 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering and the Restoration of Function Chapter 6, page 114; Official Disability Guidelines (ODG), Low Back Chapter - Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 75-80.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of more than 30 prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.