

Case Number:	CM15-0134246		
Date Assigned:	07/22/2015	Date of Injury:	10/30/2014
Decision Date:	08/26/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/13/2015

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 & General Preventive 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 64 year old male who sustained an industrial injury on 10-30-14. Diagnoses are lumbar sprain-strain, eye or orbit injury repair not elsewhere classified and sprains-strains on ankle-right. In a 6-3-15 progress report, the treating physician notes the injured worker has kidney failure and is on dialysis so he is unable to take medications for pain. He continues to have pain in his back and right lower extremity. The numbness and tingling in the right lower extremity has improved. He is to undergo a trial of physical therapy for his pain since he cannot take medications and physical therapy would allow him to function. There is spasm and tenderness to palpation of the paraspinal muscles. Range of motion is restricted. Sitting straight leg raise is positive left and right. Work status is modified work with seated duty only and temporary total disability if no modified duty is available. The requested treatment is physical therapy-12 treatments, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy - 12 treatments, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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 Official Disability Guidelines (ODG) 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 medical documentation provided indicates this patient had a 6 visit clinical trial, however, the treating physician has not provided documentation of objective functional improvement from this therapy. Without documentation of objective functional improvement, additional therapy cannot be certified. As such, the request for Physical Therapy-12 treatments, Lumbar Spine is not medically necessary.