

Case Number:	CM15-0134462		
Date Assigned:	07/22/2015	Date of Injury:	02/24/2015
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
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: 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:

The injured worker is a 49 year old male, who sustained an industrial injury on 02-24-2015 secondary to loading and twist the back resulting in pain. On provider visit dated 03-05-2015 the injured worker has reported low back pain. On examination of the lumbar spine was noted to have pain with movement and tenderness to palpation and a decreased range of motion. The diagnoses have included lumbar spine strain-radculopathy. Treatment to date has included home exercise program, medication, physical therapy evaluation, and moist heat. The provider requested physical therapy 3x4 lumbar spine.

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 ACOEM Chapter 12 Low Back Complaints.

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 lumbar myofascial sprain strain; and sciatica. The date of injury is February 25, 2015. Request for authorization is dated June 15, 2015. Subjectively, the injured worker presented for reevaluation of left buttock pain that radiates into the leg. The injured worker was treated with medications and a back brace. The documentation indicates the injured worker received 10 to 12 prior physical therapy sessions with no benefit. There is no documentation demonstrating objective functional improvement. There were no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy three times per week times four weeks to the lumbar spine is not medically necessary.