

Case Number:	CM15-0134786		
Date Assigned:	07/23/2015	Date of Injury:	03/21/2011
Decision Date:	08/19/2015	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
 Certification(s)/Specialty: Emergency 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 is a 35 year old male with a March 21, 2011 date of injury. A progress note dated June 2, 2015 documents subjective complaints (right low back pain and discomfort; daily left leg pain), objective findings (decreased range of motion, tenderness, and pain and spasm in the back; guarding with active movement; tightness with lateral bending and extension; positive straight leg raise on the left; moves slowly during the examination), and current diagnoses (lumbar muscle strain; lumbar disc degeneration; lumbar radiculopathy). Treatments to date have included medications. The treating physician documented a plan of care that included physical therapy for the lumbar spine.

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, two times a week for three weeks: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (total number was not documented but utilization review states up to 12 was approved) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective improvement. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Guidelines recommend up to 10 PT sessions for patient's condition. Patient has completed 12 sessions and additional 6 sessions would further exceed guideline recommendation. Documentation fails to support additional PT sessions. Additional 6 physical therapy sessions are not medically necessary.