

Case Number:	CM15-0138619		
Date Assigned:	07/28/2015	Date of Injury:	03/08/2015
Decision Date:	10/28/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/17/2015

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: Massachusetts

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 57 year old male, who sustained an industrial-work injury on 3-8-15. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral sprain and strain, lumbago and spasm of muscles. Medical records dated (3-20-15 to 6-22-15) indicate that the injured worker complains of low back pain that the injured worker considers to be mild to moderate and describes it as aching and increased with certain positions, activities and especially going up stairs. He states that the pain is decreased with rest. Per the treating physician report dated 6-22-15 the injured worker has returned to work. The physical exam dated 6-22-15 reveals that there is no tenderness to palpation of the lumbosacral area, movement of the lumbosacral area causes pain, and neurovascular function to the lower extremities is intact. The medical record dated 6-12-15 the physician indicates in the physical exam that range of motion of the lumbosacral area is slowly improving. Treatment to date has included pain medication including Naprosyn, Norco, Diclofenac, activity modifications, work modifications, physical therapy (unknown amount) that the injured worker states was helpful, heat, and other modalities. The request for authorization date was 6-24-15 and requested service included eight additional physical therapy sessions for lumbar spine. The original Utilization review dated 7-1-15 non-certified the request as it is not medically necessary and appropriate as related to the compensable injury based on the information submitted and per the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in March 2015 when he was tightening overhead bolts and then two days later had back pain. In June 2015 he was participating in physical therapy and had found it helpful. Physical examination findings included pain with lumbosacral movement. There was no tenderness. He was continued at regular work. An additional eight physical therapy treatment sessions were requested. In August 2015, physical examination findings were unchanged. He was continuing to work without restrictions. His body mass index is approximately 40. The claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. He has physical examination findings that are unchanged over several months and continues to be able to work without restrictions. The request is not considered medically necessary.