

Case Number:	CM15-0141119		
Date Assigned:	07/30/2015	Date of Injury:	09/08/2014
Decision Date:	09/01/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/20/2015

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 42 year old female, who sustained an industrial injury on September 08, 2014. The injured worker reported a sharp pain to the right side of the low back while lifting a table. The injured worker was diagnosed as having annular tears at lumbar three through sacral one, lumbosacral sprain and strain, lumbar disc displacement, and lumbar degenerative disc disease. Treatment and diagnostic studies to date has included medication regimen, physical therapy, trigger point injection, and magnetic resonance imaging of the lumbar spine. In a progress note dated June 02, 2015 the treating physician reports complaints of low back pain. Examination reveals tenderness to the lower lumbar and upper sacral regions, tenderness to the gluteal region, decreased range of motion to the lumbar spine with pain, and pain with straight leg raises at full straight leg position. The progress note from April 23, 2015 the treating physician indicated completion of twelve sessions of physical therapy that were noted to be unbeneficial to the injured worker with a lack of documentation of functional improvement. The treating physician requested twelve sessions of physical therapy at one to two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 times a week for 6 weeks Qty:12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for low back pain. Prior treatments included 12 sessions of physical therapy in 2014 with limited benefit. When seen, there was an elevated blood pressure. There was spinal tenderness with decreased and painful range of motion. Straight leg raising produced low back pain. Strength and sensation were normal and there were no reflex asymmetries. The claimant is being treated for chronic pain with no new injury and has already had physical therapy including instruction in a home exercise program with variably reported benefit. 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 terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.