

Case Number:	CM15-0161734		
Date Assigned:	08/27/2015	Date of Injury:	10/05/2014
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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: 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:

This 34 year old woman sustained an industrial injury on 10-5-2014 after slipping off a toilet while changing a shower curtain. Diagnoses include lumbar spine disc bulge. Treatment has included oral medications. Physician notes on a doctor's first report of occupational illness or injury form dated 5-20-2015 show complaints of back and right leg pain. Recommendations include physical therapy, Naprosyn, and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back.

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, 10 physical therapy sessions 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is lumbar disc displacement. The date of injury is October 5, 2014. The request for authorization is July 16, 2015. According to a physiatrist (PM&R) permanent and stationary note dated March 12, 2015, documentation indicates the injured worker received conservative care. The treating provider tried everything. The injured worker reached maximal medical improvement and permanent and stationary status. Physical therapy did not help. Acupuncture did not help. The injured worker should continue the home exercise program. The most recent progress note in the medical record dated July 14, 2015 is both handwritten and illegible. Subjectively, the injured worker has low back pain 8/10 that radiates to the right lower extremity. Based on the clinical information and medical record, peer-reviewed evidence-based guidelines, the permanent and stationary progress note that indicates previous physical therapy did not help, no physical therapy progress notes, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically warranted, 10 physical therapy sessions to the lumbar spine is not medically necessary.