

Case Number:	CM15-0161775		
Date Assigned:	08/27/2015	Date of Injury:	06/16/2015
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
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: 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:

This 26 year old male sustained an industrial injury to the back on 6-16-15. X-rays of the lumbar spine showed mild loss of lordosis. Previous treatment included physical therapy (six sessions) and medications. In a PR-2 dated 7-6-15, the injured worker had completed his first session of physical therapy. The injured worker stated his pain increased afterwards. Medications were not helping. In a PR-2 dated 7-14-15, the injured worker complained of constant low back pain rated 7 out of 10 on the visual analog scale. The injured worker stated that physical therapy did not help at all. Physical exam was remarkable for mild lumbar spine tenderness to palpation with mild spasms and negative Spurling's test. Straight leg raise test caused pain bilaterally. The injured worker walked with a mildly antalgic gait and had some difficulty with toe-heel walking. X-rays taken during the office visit showed some decreased disc space height with multilevel mild facet arthrosis and foraminal stenosis. Current diagnoses included magnetic resonance imaging lumbar spine, additional physical therapy twice a week for six weeks (passive only) and medications (Naproxen Sodium and Flexeril).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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-related injury in June 2015 and is being treated for low back pain with a diagnosis of a lumbar strain/sprain. Treatments have included physical therapy with 4 treatment sessions from 06/26/15 through 07/02/15. When seen, he had completed 6 physical therapy treatments which was not helping at all. Physical examination findings included a BMI of nearly 30. There was a mildly antalgic gait. There was decreased lumbar range of motion with low back pain on straight leg raising. There was normal strength and sensation. Additional testing and physical therapy were requested. In terms of physical therapy for this condition, guidelines recommend up to 10 treatment sessions over 8 weeks. IN this case the claimant has already had a partial course of physical therapy without any improvement. The number of additional visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be any more effective. The request was not medically necessary.