

Case Number:	CM15-0163082		
Date Assigned:	08/31/2015	Date of Injury:	06/02/2015
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

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: Physical Medicine & Rehabilitation

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 46 year old female who sustained an industrial-work injury on 6-2-15. She reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbar sprain-strain. Treatment to date includes medication and physical therapy. Currently, the injured worker complained of persistent lumbar spine pain that is constant and aggravated by extension and work activities. Pain is rated 8 out of 10. Per the primary physician's report (PR-2) on 6-16-15, exam noted normal range of motion with the exception of slightly decreased lumbar flexion and right lumbar rotation, pain with extension, rotation, and side bending, normal strength, slow gait, positive tension testing at 60 degrees and 80 degrees each, tenderness, spasm, and guarding are noted with palpation of the lumbosacral area. On 7-8-15, notes marginal improvement after 6 physical therapy sessions, normal range of motion, pain, spasm, and guarding are still present. The requested treatments include additional 6 sessions of physical therapy, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions of physical therapy, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The patient presents on 07/08/15 with persistent unrated back pain. The patient's date of injury is 06/02/15. Patient has no documented surgical history directed at this complaint. The request is for additional 6 sessions of physical therapy, lumbar spine. The RFA is dated 07/08/15. Physical examination dated 07/08/15 reveals tenderness to palpation of the lumbar region. The progress note is handwritten and poorly scanned, the remaining findings are illegible. The patient's current medication regimen is not provided. Patient is currently advised to return to modified work ASAP. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 6 additional physical therapy sessions for the lumbar spine, the provider has exceeded guideline recommendations. Per PT progress note dated 07/08/15, this patient has completed 6 sessions of physical therapy for her chronic lower back pain to date with benefits noted. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments. Were the request for 4 treatments, the recommendation would be for approval. However, the request for 6 additional treatments in addition to the 6 already completed exceeds guideline recommendations and cannot be substantiated. Therefore, the request is not medically necessary.