

Case Number:	CM15-0168876		
Date Assigned:	09/09/2015	Date of Injury:	10/12/2012
Decision Date:	10/15/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/27/2015

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 25 year old female who sustained an industrial injury on 10-12-12. A review of the medical records indicates she is undergoing treatment for chronic low back pain without radiculopathy. Medical records (8-19-15) indicate ongoing complaints of low back pain. The record indicates that a recent long airplane trip caused "excruciating back pain for 2 weeks", interfering in her sleep. The pain was localized without radiation. She was "unable to lift her child". The records indicate that the pain is "mostly initiated by activities of daily living, as well as persistent sitting or walking". The physical exam revealed "no apparent distress with normal gait". Pain was noted on the lumbar exam, from the midline of the low back to the left. Range of motion was 45 degrees flexion, 30 degrees extension, 15 degrees bilateral side-bending, and 40 degrees bilateral rotation. The injured worker had completed 6 sessions of physical therapy and was noted to "not notice any significant improvement". The request was for the injured worker to "speak to the physical therapist concerning a seat wedge or kneeling chair". An authorization request was made for "independent exercise". The utilization review (8-25-15) indicates denial of the request based on the "notation of the completion of 6 out of 8 sessions of physical therapy without relief additional care is not warranted beyond the 8 sessions that were certified".

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 1 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 October 2012 and continues to be treated for chronic back pain. When seen, she had completed six physical therapy treatments without significant improvement. Physical examination findings included decreased lumbar spine range of motion. Additional physical therapy is being requested. The claimant is being treated for chronic pain with no new injury. 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, when reassessed, the claimant had no improvement after six physical therapy treatments. Additional therapy is not considered medically necessary.