

Case Number:	CM15-0169291		
Date Assigned:	09/10/2015	Date of Injury:	05/05/2008
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 5-05-2008. Diagnoses include lumbar sprain and strain, and lumbar radiculopathy. Treatment to date has included conservative measures including diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 7-20-2015, the injured worker reported intermittent, moderate 7 out of 10 sharp, low back pain and stiffness with numbness, tingling and weakness. Objective findings included decreased painful ranges of motion. There was tenderness to palpation of the bilateral sacroiliac joints, coccyx, lumbar paravertebral muscles, sacrum and spinous processes. There was muscle spasm of the lumbar paravertebral muscles. Per the medical records dated 3-20-2013 to 7-20-2015, there is no documentation of improvement in symptomology, increase in activities of daily living or decrease in pain level. There is not documentation of the amount, if any, prior physical therapy or functional improvement that may have occurred. The plan of care included physical therapy one time per week for six weeks (1x6), to reduce pain and spasm and increase range of motion (ROM) and activities of daily living (ADLs). Authorization was requested on 7-20-2015, and on 7-30-2015, Utilization Review non-certified the request for physical therapy (1x6) for the lumbar spine, due to lack of sufficient documentation of prior conservative treatment and prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy once a week for 6 weeks for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior low back PT sessions the patient has had; why he is unable to perform an independent home exercise program; and the outcome of prior lumbar PT. Without clarification of this information the request for outpatient physical therapy for the low back is not medically necessary.