

Case Number:	CM15-0186792		
Date Assigned:	09/28/2015	Date of Injury:	06/16/2014
Decision Date:	11/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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 49 year old male who sustained an industrial injury on 06-16-2015. Current diagnoses include lumbago. Report dated 08-17-2015 noted that the injured worker presented with complaints that included low back pain, stiffness, decreased range of motion and tenderness. Pain level was not included. Physical examination performed on 08-17-2015 revealed moderate tenderness, and left effusion. Of note there were no objective findings related to the lumbar area included in this examination. Previous treatments included medications. The treatment plan included requests for physical therapy for the lumbar spine to increase strength, range of motion and flexibility, appeal request for a spine surgeon, request for a referral to pain management specialist for a possible cortisone injection, request for a back brace, request for a referral to neurology for lower extremity EMG due to radiculopathy, and follow up in one month. Request for authorization dated 09-08-2015, included requests for physical therapy. The utilization review dated 09-15-2015, non-certified the request for physical therapy 3 x 4 lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbago #12: 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) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in June 2014 when he slipped on a metal ramp sustaining an injury to the low back. As of 03/02/15 he had completed four therapy treatments. On 03/30/15 an additional 12 treatment sessions were requested. When seen in August 2015, he was continuing to be treated for a lumbar sprain/strain. He had stiffness with decreased range of motion and tenderness. He was having severe symptoms which were worsening. The left knee was examined. There was moderate tenderness and a joint effusion was present. He was status post left knee surgery. Authorization was requested for 12 physical therapy treatment sessions for the lumbar spine. In terms of physical therapy for a lumbar sprain / strain, guidelines recommend up to 10 treatment sessions over 8 weeks. The claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not considered medically necessary.