

Case Number:	CM15-0198590		
Date Assigned:	10/14/2015	Date of Injury:	06/03/2014
Decision Date:	11/23/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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 56 year old male, who sustained an industrial injury on 6-3-14. The injured worker is being treated for lumbago and lumbosacral sprain. Lumbar x-ray performed on 6-9-14 revealed lack of normal lumbar lordosis suggestive of muscle spasms and mild to early moderate L5-S1 degenerative disc disease. Treatment to date has included oral medications including Norco, Flexeril and Ibuprofen, Flector patches, physical therapy (without documentation of number of previous visits or functional improvement resulting from previous therapy), home exercise program and activity modification. On 7-27-15, the injured worker reports weight loss, loss of appetite and fatigue. Work status is noted to be full duty. Physical exam performed on 7-27-15 revealed guarded pain of lumbar spine with radiation to abdomen. The treatment plan included request for 18 physical therapy visits and evaluation for lumbar spine. On 9-8-15 request for 18 physical therapy visits and evaluation was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P: Physical therapy evaluation, treatment, 2-3 times weekly for 6 weeks, lumbosacral per 7/27/15 order qty 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 and Other Medical Treatment Guidelines Chou R, Huffman LH; American Pain Society; American College of Physicians. Non-pharmacologic therapies for acute and chronic low back pain: a review of the evidence for an American Pain Society/American College of Physicians clinical practice guideline. Ann Intern Med. 2007 Oct 2; 147 (7): 492-504.

Decision rationale: The claimant sustained a work injury in June 2014 when he had low back pain while lifting a heavy piece of granite. When seen, he had gradual lumbar spine pain without radicular lower extremity symptoms. He was working without restrictions. Physical examination findings were negative for weakness. Soma, ibuprofen, and Flector were prescribed. Unrestricted work was continued. He was referred for physical therapy. In terms of physical therapy for a lumbar sprain / strain, guidelines recommend up to 10 treatment sessions over 5 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. The duration of symptoms is not documented and guidelines suggest a delay for 2-4 weeks to allow for spontaneous recovery before considering a physical therapy referral. The request is not medically necessary.