

Case Number:	CM15-0198877		
Date Assigned:	10/14/2015	Date of Injury:	12/19/2013
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 19, 2013. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy for the lumbar spine. The claims administrator invoked non-MTUS ODG Guidelines in its determination despite the fact the MTUS addressed the topic. An August 5, 2015 office visit and September 15, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On April 3, 2015, the applicant reported ongoing complaints of low back pain. Full range of motion was appreciated despite pain exhibited while doing so. The applicant given her normal gait was able to walk on her toes and heels. The applicant was returned to regular work on this date. On a prescription dated August 6, 2015, a six-month gym membership was sought. On an associated progress note of the same date, the applicant reported ongoing complaints of low back pain. The applicant was using Relafen for pain relief, the treating provider reported. The applicant was able to do stretching and walking for home exercise purposes, it was acknowledged. It was acknowledged that the applicant was in fact capable of performing home exercises. On May 18, 2015, the treating provider reported that the applicant was working despite ongoing complaints of low back pain. The applicant was described as diligent with her therapeutic exercise regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 4 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: No, the request for eight sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, multiple progress notes, referenced above, including those dated May 18, 2015 and August 6, 2015 suggested that the applicant had returned to work, was performing home exercises, was stretching walking for exercises, etc. It did not appear that the applicant had motor, musculature or gait deficits which would have compelled the lengthy formal course of therapy at issue, as all evidence on file pointed to the applicant's seeming ability to perform self-directed home-based physical medicine of her own accord, as suggested on both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.