

Case Number:	CM15-0024696		
Date Assigned:	02/17/2015	Date of Injury:	01/07/2014
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 41 year old female who sustained an industrial related injury on 1/7/14. The injured worker had complaints of low back pain with intermittent radiation to bilateral legs and left foot with numbness and tingling. Physical examination findings included L4-5 tenderness, paraspinal spasms, and a positive straight leg raise. Romberg's test was negative, range of motion was normal, sensation was normal, and the motor examination was normal. Diagnoses included L4-S1 degenerative joint disease/ degenerative disc disease. Medications included Norco and Zanaflex. Treatment included chiropractic treatment and physical therapy. The treating physician requested authorization for physical therapy 3x4 (hot packs, e-stim, ther ex, soft tissue mob/massage -lumbar spine). On 1/20/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the request is non-certified due to the number of physical therapy sessions not being documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week for 4 Weeks, 12 Sessions (Hot Packs, E-Stim, Ther Ex, Soft Tissue Mob/Massage - Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed at least 9 or more supervised physical therapy sessions since her injury, which means she has already met the upper limit in essence. There was no indication that she had difficulty performing home exercises, which is what is recommended at this stage after her injury and after moderate amounts of supervised physical therapy. Therefore, the additional 12 sessions of supervised physical therapy will be considered medically unnecessary.