

Case Number:	CM15-0025289		
Date Assigned:	02/17/2015	Date of Injury:	06/09/2014
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 52 year old female who sustained an industrial injury on 06/09/2014. The injured worker presented on 12/19/2014 with complaints of low backache. She describes the pain as throbbing and burning sensation radiating to the buttocks. Physical exam revealed normal posture and gait. There were spasm, tenderness and trigger points over the posterior superior iliac spines. Prior treatment consisted of physical therapy, trigger point injections, chiropractic treatments and medications. Diagnoses included: Lumbar degenerative disc disease at lumbar 4-5 and lumbar 5- sacral 1, Chronic lumbar discogenic pain, Chronic myofascial pain. On 02/04/2015, utilization review denied the request for physical therapy times 8 for the lumbar spine. MTUS/ACOEM was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Physical Therapy for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

Decision rationale: According to the MTUS passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the patient has had numerous PT sessions previously (18) which is reasonable to start her on a HEP. The continued PT is not medically necessary.