

Case Number:	CM15-0027727		
Date Assigned:	02/20/2015	Date of Injury:	02/17/2014
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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: California, Indiana, New York
 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 49 year old male, who sustained an industrial injury on February 14, 2014. The diagnoses have included chronic pain and lumbar radiculopathy. A progress note dated December 22, 2014 provided the injured worker complains of low back pain radiating to left leg with numbness. Pain is rated 4/10 with medication and 7/10 without medication. It is noted the injured worker has not had physical therapy to the lumbar spine. On January 16, 2015 utilization review non-certified a request for physical therapy 2 times a week for 4 weeks, the low back. Application for independent medical review (IMR) is dated February 28, 2015.

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, the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Low back section, Physical medicine

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 times per week for 4 weeks to the lower back is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic pain; and lumbar radiculopathy. The documentation in the medical record in a progress note dated July 15, 2015 reflects the injured worker received prior physical therapy. The treating physician stated he was going to order "six more weeks of physical therapy." The treating physician infers the injured worker completed prior physical therapy. There were no prior physical therapy notes in the medical record. There was no documentation containing objective functional treatment as it relates to prior physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, physical therapy two times per week times four weeks to the lower back is not medically necessary.