

Case Number:	CM15-0029710		
Date Assigned:	02/23/2015	Date of Injury:	03/20/2014
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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 35 year old female, who sustained an industrial injury on 3/20/2014. The diagnoses have included acute lumbar strain, rule out lumbar disc herniation and left lower extremity radicular pain. Treatment to date has included physical therapy (approximately 18 sessions completed), medications, activity restriction, diagnostic imaging, chiropractic and injections. Currently, the Injured Worker complains of frequent persistent pain in her left sacroiliac joint and lower back, rated as 3/10. There is radiation down the left hamstring. Objective findings included tenderness to palpation of the bilateral lumbar paraspinal muscles with decreased range of motion and positive straight leg raise for both lower extremities. On 2/03/2015 Utilization Review non-certified a request for additional physical therapy for the lumbar spine (2x6), noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/17/2015, the injured worker submitted an application for IMR for review of physical therapy for the lumbar spine (2x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbar spine 2 x 6 weeks: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 times per week for 6 weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving 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 acute lumbar strain; rule out lumbar disc herniation; and left lower extremity radicular pain. The medical record contains 43 pages. There are no prior physical therapy notes in the medical record. The administrative records (according to the utilization review) indicates the injured worker underwent 18 prior physical therapy visits. There are no physical therapy notes in the medical record. There is no documentation with objective functional improvement regarding prior physical therapy in the medical record. Additionally, the injured worker also underwent an unknown number of chiropractic treatments. The guidelines state: "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 objective functional improvement to warrant additional physical therapy in the absence of prior physical therapy documentation and objective functional improvement, physical therapy two times per week for six weeks to the lumbar spine is not medically necessary.