

Case Number:	CM15-0214772		
Date Assigned:	11/04/2015	Date of Injury:	01/09/2015
Decision Date:	12/21/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/02/2015

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
 Certification(s)/Specialty: Emergency 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 30 year old male, who sustained an industrial injury on 01-09-2015. A review of the medical records indicates that the worker is undergoing treatment for low back pain, myalgia and myositis and sacroiliitis. Treatment has included Motrin, Lidocaine patch, Voltaren gel, Baclofen and physical therapy. Subjective complaints on 07-24-2015 included worsening low back pain. Objective findings revealed point tenderness over the left sacroiliac joint, tenderness of the left paraspinal muscles and facet joints, positive facet loading maneuvers on the left and positive Patrick's and Gaenslen's tests. Subjective complaints (09-04-2015) included worsening low back pain. Objective findings showed point tenderness of the left sacroiliac joint, positive Patrick's, Gaenslen's and Fortin's finger tests, tenderness of the lumbar myofascial area and limited range of motion with forward flexion and extension. The physician noted that a prescription of physical therapy was being provided. Subjective complaints (10-16-2015) included left low back pain radiating to the lower extremities. Pain ratings were not provided. Objective findings (10-16-2015) included decreased sensation in the left L4 and L5 regions as well as decreased EHL on the left and positive straight leg raise test findings. The physician noted that the worker was participating in physical therapy and that the therapists believed he would benefit from additional physical therapy. The number of physical therapy visits received was not documented and there were no physical therapy notes submitted documenting pain relief or objective functional improvement. A request for 12 visits of additional physical therapy visits was submitted. A utilization review dated 10-23-2015

modified a request for physical therapy, twice weekly, lumbosacral spine, QTY: 12 to certification of physical therapy, twice weekly, lumbosacral spine, QTY: 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbosacral spine, 2 times weekly for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) Physical therapy guidelines.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (12 approved) with unknown number completed. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Maximum number of PT sessions recommended by guidelines are 10sessions which has already been exceeded. Documentation fails to support additional PT sessions. Additional 12 physical therapy sessions are not medically necessary.