

Case Number:	CM15-0216490		
Date Assigned:	11/06/2015	Date of Injury:	02/13/2015
Decision Date:	12/28/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 33-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 13, 2015. In a Utilization Review report dated October 23, 2015, the claims administrator partially approved a request for 6 additional sessions of physical therapy to the lumbar spine as 4 additional sessions of physical therapy for the same. The claims administrator referenced an October 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On the October 9, 2015 office visit at issue, the applicant reported ongoing issues with low back pain, 2-3/10. The applicant was not using any medication. The applicant was working regular duty and tolerating the same, the treating provider reported. Flexeril and Relafen were endorsed while the applicant was apparently returned to regular duty work. The applicant exhibited a normal gait with normal heel and toe ambulation and normal motor function, the treating provider reported. Additional physical therapy was sought while the applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional physical therapy treatments for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, (lumbar).

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

Decision rationale: No, the request for 6 additional sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant had already returned to work as of the October 9, 2015 office visit at issue. The applicant was described as exhibiting a normal gait, normal lower extremity motor function, normal heel and toe ambulation, etc. Relatively mild 2-3/10 pain complaints were reported on this date. All evidence on file, thus, pointed to the applicant's seemingly being able to transition to self-directed, home-based physical medicine without the lengthy formal course of treatment at issue. Therefore, the request was not medically necessary.