

Case Number:	CM15-0220569		
Date Assigned:	11/13/2015	Date of Injury:	08/08/2014
Decision Date:	12/24/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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:

This injured worker is a 46 year old female who reported an industrial injury on 8-8-2014. Her diagnoses, and or impressions, were noted to include: lumbar-lumbosacral strain; and very small lumbar disc bulge with facet hypertrophy. No imaging studies were noted. Her treatments were noted to include medication management and rest from work. The progress notes of 9-15-2015 reported: an orthopedic re-examination, from 3-15-15, because a return to work caused a significant increase in her low back and bilateral lower extremity symptoms, to the point that she did not feel that she could continue to work. The objective findings were noted to include: no acute distress, but tearful; a very slow and guarded ambulation; an essentially 20% lumbar range-of-motion in all planes; difficulty standing on toes and heels; decreased bilateral EHL's, with diminished sensation generally throughout the left lower extremity; positive right straight leg raise ; decreased right patellar reflex; and significant tenderness in the lumbar midline from lumbar 4-sacrum, over the left sacroiliac joint and over the left buttock; and that she was in need of a course of physical therapy for the low back. The physician's requests for treatment were noted to include physical therapy for the low back at 3 x a week x 4 weeks. The Request for Authorization, dated 9-21-2015, was noted for physical therapy 3 x a week x 4 weeks, for lumbar strain. The Utilization Review of 10-26-2015 non-certified the request for 12 sessions of physical therapy, 3 x a week x 4 weeks, for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, 3 times weekly for 4 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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, lumbar spine, three times per week times four weeks (12 sessions) 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbosacral strain; very small disc bulge L4 - L5 facet hypertrophy. Date of injury is August 8, 2014. Request for authorization is October 19, 2015. The medical record contains 14 pages. According to the September 15, 2015 progress note (no prior notes available), subjective complaints include increased low back pain with radiation to the lower extremities. Objectively, the injured worker has a slow guarded gait. Range of motion is 20%, motor function 5/5, positive straight leg raising on the right and increase midline tenderness L4 - S1. There are no physical therapy notes in the medical record. Utilization review states the injured worker received 12 prior physical therapy sessions. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapies clinically indicated. The treating provider is requesting 12 physical therapy sessions. Based on the clinical information, the peer-reviewed evidence-based guidelines, a 14 page medical record, no physical therapy progress notes and no documentation demonstrating objective functional improvement or compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy, lumbar spine, three times per week times four weeks (12 sessions) is not medically necessary.