

Case Number:	CM15-0222255		
Date Assigned:	11/24/2015	Date of Injury:	02/17/2014
Decision Date:	12/31/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/12/2015

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 is a 58-year-old male with a date of injury on 2-17-14. A review of the medical records indicates that the injured worker is undergoing treatment for back and right knee pain. Progress report dated 10-29-15 reports continued complaints of chronic lower back pain rated 3 out of 10. Medications and TENS treatment help with the pain. Objective findings: blood pressure 121 over 76, pulse 76, alert and oriented and skin clean, dry and intact. Treatments include: medication, physical therapy, chiropractic, acupuncture, home exercise program and TENS unit. Request for authorization 10-29-15 was made for Physical therapy, lumbar spine, 12 sessions. Utilization review dated 11-5-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines: Preface.

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, 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are arthropathy lumbar facet joint; lumbar region radiculopathy; intervertebral disc displacement lumbar region; and sprain, unspecified, right knee. Date of injury is February 17, 2014. Request for authorization is October 29, 2015. The medical record contains report pages. According to progress note dated October 29, 2015, subjective complaints are ongoing chronic low back pain 3/10. The injured worker uses TENS and medications that help. Objectively, there are vital signs documented with a skin assessment. There is no musculoskeletal examination, no examination of the lumbar spine and no neurologic evaluation. The treatment plan includes continuing Tylenol #3, a home exercise program and TENS. There are no physical therapy progress notes in the medical record. The total number of physical therapy sessions to date is not specified. There is no documentation demonstrating objective functional improvement to support ongoing therapy. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to date, no physical therapy progress notes and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy, lumbar spine, 12 sessions is not medically necessary.