

Case Number:	CM15-0030762		
Date Assigned:	02/24/2015	Date of Injury:	03/15/2013
Decision Date:	04/14/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/18/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 male, who sustained an industrial injury on 03/15/2013. On progress note dated 01/06/2015, the injured worker has reported back pain. On examination, he was noted to have tenderness at L4-L5 and L5-S1 and a decreased range of motion. The diagnoses have included low back injury, L4-5 disc bulge, left sided with a left L5 root impingement with clinical left L5 radiculopathy. Treatment plan included medication and physical therapy. On 01/22/2015 Utilization Review modified Physical Therapy 2 Times a Week for 4 Weeks for The Lumbar Spine. The CA MTUS were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 4 Weeks for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted documentation indicated the worker was experiencing back pain that went into the leg with clicking, grinding, stiffness, numbness and tingling, and weakness. There was no discussion describing the reason additional therapist-directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for eight sessions of physical therapy for the lumbar spine region done twice weekly for four weeks is not medically necessary.