

Case Number:	CM15-0037141		
Date Assigned:	03/05/2015	Date of Injury:	10/06/2014
Decision Date:	04/21/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/26/2015

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 44-year-old male, who sustained an industrial injury on 10/06/2014. The diagnoses have included low back strain with mildly abnormal MRI. Noted treatments to date have included physical therapy, exercises, and medications. Diagnostics to date have included MRI, which showed a little bit of a disc bulge but nothing super acute per progress note. In the same progress note dated 12/19/2014, the injured worker presented with complaints of low back strain with some radicular symptoms. The treating physician reported the injured worker needed a new prescription for therapy and appeared more comfortable at the visit. Utilization Review determination on 02/20/2015 non-certified the request for Outpatient Additional Physical Therapy (PT) four (4) sessions to the lumbar citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 4 physical therapy sessions to the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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 lower back pain that went into the buttocks. The worker had recently had significant benefit from physical therapy. There was no discussion describing the reason four additional therapist-directed physical therapy sessions would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for an additional four sessions of physical therapy for the lumbar region is not medically necessary.