

Case Number:	CM15-0043557		
Date Assigned:	03/13/2015	Date of Injury:	12/02/2014
Decision Date:	07/14/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old male, who sustained an industrial injury on 12/02/2014. He reported that after filling bags with sand and stacking them, he experienced severe pain to the low back. The injured worker was diagnosed as having lumbosacral sprain/strain and lumbago. Treatment and diagnostic studies to date has included medication regimen, x-ray of the lumbar spine, home exercise program, laboratory studies, and at least six sessions of physical therapy. In a progress note dated 02/23/2015 the treating physician reports complaints of pain to the low back that has decreased to occurring mostly in the morning. Examination was revealing for tenderness to the paralumbar region, and an increase in pain with range of motion. The medical records included progress note from physical therapy but the documentation provided did not indicate any functional improvement. The treating physician requested physical therapy two times a week for four weeks adding home exercise program with flexion exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 4: 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: Based on the 02/23/15 progress report provided by treating physician, the patient presents with low back pain. The request is for ADDITIONAL PHYSICAL THERAPY 2 X 4. RFA with the request not provided. Patient's diagnosis on 02/23/15 includes lumbago and lumbosacral sprain/strain. Patient ambulates with a normal gait. Physical examination to the lumbar spine on 02/23/15 revealed tenderness to palpation to the paraspinal muscles, increased pain on maximal extension, and normal reflexes. Treatment to date included imaging studies, physical therapy, home exercise program, and medications. Patient's medications included Prilosec, Terocyn patches, Ibuprofen, Nabumetone and Cyclobenzaprine. The patient is off work, per 02/23/15 report. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided medical rationale for the request. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, UR letter dated 03/06/15 states patient was authorized for 6 sessions of physical therapy. Per physical therapy notes, the patient attended 6 sessions from 12/10/14 - 12/18/14. In this case, treater has not documented efficacy of prior therapy, and there is no explanation of why on-going therapy is needed. There is no discussion of flare-up's or new injury, either; and the patient is already on home exercise program. Furthermore, the request for additional 8 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.