

Case Number:	CM15-0045897		
Date Assigned:	03/18/2015	Date of Injury:	03/24/2014
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/10/2015

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 61-year-old female who sustained a work related injury on March 24, 2014, incurring injuries to the lumbar spine after moving boxes. She complained of lower back pain radiating to her right leg and hip and increased pain in her upper back, shoulders arms and hands. Magnetic Resonance Imaging (MRI) revealed lumbar stenosis. Treatment included physical therapy and acupuncture sessions. She was diagnosed with lumbar discogenic disease with severe foraminal stenosis, and degenerative facet arthropathy of the lumbosacral spine. Currently, the injured worker complained of bilateral shoulder and arm pain and low back pain, and numbness, tingling and weakness in the upper and lower extremities. The treatment plan was requested for authorization of twelve physical therapy sessions to injured worker low back. The only clinical documentation submitted for review was the QME report dated 10/21/2014; no treating physician notes were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for Low Back (1x12) 12 sessions: 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 QME report dated 10/21/2014 indicated the worker was experiencing lower back pain, right hip and leg pain, and pain in both shoulders and arms. No treating physician notes were submitted. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for twelve physical therapy sessions for the lower back done weekly for twelve weeks is not medically necessary.