

Case Number:	CM15-0056980		
Date Assigned:	04/01/2015	Date of Injury:	03/01/2013
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/25/2015

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:

The injured worker is a 49 year old male who sustained an industrial injury to his lower back after falling a few feet from a tree then was caught by his safety belt on March 1, 2013. The injured worker was diagnosed with displacement of the lumbar intervertebral disc without myelopathy and enthesopathy of the right hip. Recent treatment included diagnostic testing, medications, a cane for ambulation, a right hip cortisone injection, chiropractic therapy and physical therapy. According to the primary treating physician's progress report on February 25, 2015, the injured worker continues to experience right hip pain into the right groin and low back pain associated with weakness in the right leg. Examination of the lumbar spine demonstrated decreased range of motion with tenderness to palpation over the bilateral lumbar paraspinal muscles. Straight leg raise was negative bilaterally. Motor strength of the bilateral lower extremities is symmetrical and equal except on right ankle dorsiflexion and right ankle plantar flexion. Diminished sensation in the right L4 and L5 dermatomes are noted of the lower extremities. Reflexes are 2+/4 in the bilateral lower extremities except in the right patella which is documented as 1+/4. Current medications are listed as Tramadol, Naproxen, Prilosec and topical analgesics. Treatment plan consists of medications and the current request for physical therapy to improve lumbar range of motion and paraspinal strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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, 10 physical therapy sessions and in and 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 displacement lumbar inter-vertebral disc without myelopathy; enthesopathy hip region. Subjectively, according to a February 25, 2015 progress note, the injured worker received a cortisone injection and has seen a chiropractor without benefit. There is no documentation of previous physical therapy and medical record. Objectively, there is tenderness over the bilateral lumbar paraspinal muscles spasm and negative straight leg raising. Lumbar MRI showed mild facet hypertrophy at L4 - L5 and L5 - S1. The treating provider requested physical therapy two times per week times five weeks. The utilization review indicates the injured worker receive an unknown number of physical therapy sessions with no documented objective functional improvement. Utilization review physician initiated a peer-to-peer conference call. The treating provider indicated the injured worker did not have physical therapy in the recent past. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. In the alternative, if the injured worker has not received physical therapy to date, a six visit clinical trial is appropriate prior to continuing with physical therapy. The treating provider requested 10 physical therapy sessions to the lumbar spine. This is in excess of the recommended guidelines. In either case, there are no compelling clinical facts to warrant additional physical therapy and the treating provider requested 10 physical therapy sessions in excess of the recommended six visit clinical trial and, as a result, 10 physical therapy sessions is not medically necessary.