

Case Number:	CM15-0058686		
Date Assigned:	04/03/2015	Date of Injury:	05/12/2013
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/27/2015

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, Pain Management

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 50 year old male, who sustained an industrial injury on 5/12/2013. He reported back pain after pushing a large freight. The injured worker was diagnosed as having lumbar sprain/strain, lumbar disc herniation, and sciatica. Treatment to date has included previous physical therapy, medications, magnetic resonance imaging, acupuncture, lumbar epidural injection, and chiropractic treatment. The request is for physical therapy of the back, right knee, right ankle, and right foot. He reports the physical therapy, acupuncture and chiropractic treatment were helpful temporarily, and that the epidural injection gave him a few days of relief. On 2/6/2015, he presents with continued low back pain, and sleep disturbances. He indicates he has difficulty with prolonged activities. Physical findings revealed tenderness in the lumbar region, and a positive straight leg raise test. On 3/6/2015, the Utilization Review modified certification to 2 physical therapy sessions, indicating there had been 21 prior sessions, and to allow for review of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 sessions to Back, Right Knee, Right Ankle & Right Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Low Back, Knee, and Ankle/Foot Chapters, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.