

Case Number:	CM15-0083067		
Date Assigned:	05/05/2015	Date of Injury:	02/09/2010
Decision Date:	06/03/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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(n) 53 year old male, who sustained an industrial injury on 2/9/10. He reported pain in the lower back related to pulling a heavy object. The injured worker was diagnosed as having lumbar facet syndrome, chronic radicular low back pain and lumbar discogenic pain with radiation to left posterior leg. Treatment to date has included acupuncture, which the injured worker found significantly helpful, a lumbar MRI in 2012, a lumbar epidural steroid injection with 50% pain relief, physical therapy and Norco. As of the PR2 dated 3/27/15, the injured worker reports constant achy, sharp lower back pain. He rates his pain 6/10 without medications and 4/10 with medications. The injured worker indicated that he has started exercising at home and would like to have physical therapy again to learn core strengthening. The treating physician requested physical therapy x 8 sessions for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the low back, 8 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The treating physician details an exacerbation of low back pain and symptoms, thus meeting the above guidelines. As such, the request for Physical Therapy for the low back, 8 sessions is medically necessary.