

Case Number:	CM15-0086417		
Date Assigned:	05/08/2015	Date of Injury:	06/16/2014
Decision Date:	06/09/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/05/2015

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 48-year-old, male who sustained a work related injury on 6/16/14. He slipped on a metal ramp and jerked his body causing an "electric sensation" in low back. The diagnoses have included displacement of lumbar intervertebral disc, muscle spasms and lumbago. The treatments have included physical therapy, heat/ice therapy, TENS unit therapy and oral medications. In the PR-2 dated 3/2/15, the injured worker complains of severe, constant low back pain. He describes the pain as sharp, severe and stabbing. He has worsening numbness and tingling in both legs, left greater than right. He states back pain is made worse by bending, prolonged sitting or standing. He has tenderness to palpation of left flank, medial low back and over spinal column. He has some decreased range of motion on low back. Straight leg raises are positive. The treatment plan includes a request for additional physical therapy to lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 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 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. Medical records provided indicate this patient has attended 4 prior sessions of physical therapy, and although originally approved for additional PT, this patient did not attend. The treating physician has not provided documentation of objective functional improvement with prior physical therapy sessions. As such, the request for Physical therapy 3 x 4 is not medically necessary.