

Case Number:	CM15-0088029		
Date Assigned:	05/12/2015	Date of Injury:	07/10/2013
Decision Date:	06/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/07/2015

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 28 year old female, who sustained an industrial injury on 7/10/13. She reported low back pain. The injured worker was diagnosed as having lumbar myofascial strain/sprain, lumbar spondylosis, and lumbar degenerative disc disease. Treatment to date has included L4-S1 facet injections on 4/3/15 which provided good pain relief, epidural steroid injections, and Motrin. Electrodiagnostic studies were noted to be normal. Currently, the injured worker complains of low back pain. The treating physician requested authorization for physical therapy x12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 visits post-injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar, Post Epidural Steroid Injections.

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, physical therapy times 12 post injection 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 lumbar myofascial strain/sprain; lumbar spondylosis; and lumbar degenerative disc disease. Subjectively, according to an April 15, 2015 progress note, the injured worker has no pain. Objectively, there is mild tenderness palpation over the paravertebral muscles. The documentation states the injured worker is NTP (?) over the buttocks with negative straight leg raising and a normal gait. The utilization review indicates the injured worker had extensive conservative treatment including 15 prior physical therapy sessions. The injured worker should be well-versed with the exercises afforded during physical therapy to engage and continue in a home exercise program. There are no physical therapy progress notes in the record establishing objective functional improvement. Additionally, there are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement (of prior physical therapy) and compelling clinical facts indicating additional physical therapy is warranted, physical therapy times 12 post injection is not medically necessary.