

Case Number:	CM15-0088117		
Date Assigned:	05/12/2015	Date of Injury:	12/29/2004
Decision Date:	06/12/2015	UR Denial Date:	04/09/2015
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: Massachusetts

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 59 year old female, who sustained an industrial injury on 12/29/2004. She reported low back pain after falling. The injured worker was diagnosed as having myofascial low back pain. Treatment to date has included medications, magnetic resonance imaging, and physical therapy. The request is for physical therapy for the lumbar spine. On 3/25/2015, she had low back pain with lower extremity symptoms rated 6/10. She reported physical therapy to decrease her back pain. The provider noted that physical therapy was "relatively non-efficacious" to the radiating pain. On 3/26/2015, she complained of low back pain rated 5/10. She also reported weakness of the lower extremities. The treatment plan included additional physical therapy, and TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 Times A Week for 4 Weeks to The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in December 2004 and continues to be treated for radiating low back pain. When seen, she had completed 10 physical therapy treatments with improvement in low back pain. The therapy had not been effective for the claimant's radicular symptoms. There was decreased strength and sensation with positive straight leg raising bilateral. Recommendations included continued use of a lumbar brace and additional physical therapy. Guidelines recommend up to 12 physical therapy treatments over 10 weeks for the claimant's condition. In this case, the claimant has already reached a plateau with the treatments provided and the number of additional treatments requested is in excess of that recommended. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The additional therapy is not medically necessary.