

Case Number:	CM15-0088120		
Date Assigned:	05/12/2015	Date of Injury:	02/26/2015
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
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:

This 36 year old male sustained an industrial injury on 2/26/15. He subsequently reported low back, left buttock and leg pain. Diagnoses include lumbar strain/ strain. Treatments to date include x-ray and MRI testing, chiropractic care, modified work duty and prescription pain medications. The injured worker continues to experience low back pain. On examination, there is no weakness of the lower extremities, no restriction of range of motion in the back, negative straight leg raising and normal strength in the lower extremity were noted. A request for Physical Therapy for Lumbar spine, 2 times per wk for 6 weeks, 12 sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbar spine, 2 times per wk for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328, table 12-5. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - Physical therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-5. 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 lumbar spine two times per week times six weeks (12 sessions) 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 diagnosis is sprain/strain lumbar. The documentation according to a March 20, 2015 progress note shows the worker complains of low back pain 10/10. The injured worker will be returning to light duty and should reach maximum medical improvement by March 26, 2015. There is no documentation in the medical records indicating prior physical therapy was received by the injured worker. The utilization review indicates six sessions of physical therapy were provided. There was no documentation with prior physical therapy progress notes or evidence of objective functional improvement. There is no documentation with a request for additional physical therapy in the progress notes within the medical record. There are no compelling clinical facts and record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with evidence of objective functional movement (from the first six physical therapy sessions), a clinical rationale for additional physical therapy, a request documented in the medical record for additional physical therapy and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy lumbar spine two times per week times six weeks (12 sessions) is not medically necessary.