

Case Number:	CM15-0088610		
Date Assigned:	05/12/2015	Date of Injury:	04/19/1992
Decision Date:	06/15/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/08/2015

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 68 year old female, who sustained an industrial injury on 4/19/92. The injured worker has complaints of chronic low back pain and thoracic pain. The diagnoses have included lumbago. Treatment to date has included botox injections; vicoprofen; ultracet; neurontin; trazodone; effexor; magnetic resonance imaging (MRI) of the lumbar spine on 5/2/11 revealed a bit of facet arthritic changes at L5-S1 (sacroiliac) and L4-5 and bulging disc at L4-5 and acupuncture. The request was for outpatient physical therapy to the low back, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the low back, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 low back 8 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, injured worker's working diagnoses are chronic low back and lower thoracic pain, MRI lumbar spine showed quite a bit of facet arthritic changes L5-S1 and L4-L5, bulging disc at L4-L5, otherwise normal study. Subjectively, according to the most recent progress note March 18, 2015, the worker has ongoing low back pain and thoracic pain with the VAS pain scale 7/10. The injured worker received Botox on November 12, 2014. Objectively, there was tenderness palpation over the paraspinal lumbar muscles bilaterally. The treatment plan contains a request for authorizing successions of acupuncture and additional Botox. There is no request for additional physical therapy. The request for authorization is dated April 21, 2015. There is no contemporaneous progress note on or about the date of request for authorization April 21, 2015. The most recent progress note for review is March 18, 2015. The date of injury for the injured worker is 22 years old. There was no documentation of prior physical therapy, total number of physical therapy sessions and evidence of objective functional improvement. Consequently, absent clinical documentation with a clinical indication, rationale and an authorization request in the progress note/medical record, physical therapy low back 8 sessions is not medically necessary.