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| Case Number: | CM15-0089689 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 08/21/2014 |
| Decision Date: | 06/15/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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 male, who sustained an industrial injury on 8/21/14. He reported felt a sharp pain on right side after lifting a 50/60 pound printer. The injured worker was diagnosed as having lumbar spine sprain and lumbosacral radiculitis. Treatment to date has included physical therapy, home exercise program, chiropractic treatment, Advil and activity restrictions. Currently, the injured worker complains of constant pain across lower back along with right buttock pain, right lateral thigh and right lateral leg aching, pressure, throbbing and numbness rated 4-7/10. Work status is light duty with restrictions. Physical exam noted restricted lumbar range of motion, tenderness to palpation at midline L5-S1 and corresponding right paravertebral muscles/facet joint, right PSIS and right buttock and normal strength and sensation. A request for authorization was submitted for 6 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week for 3-6 weeks lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 one time per week times 3 to 6 weeks to the lumbar spine 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 spine sprain; lumbosacral radiculitis; spinal stenosis lumbar spine. According to an October 7, 2014 progress note, the injured worker started physical therapy and completed one of six physical therapy sessions according to an October 31, 2014 progress note the injured worker completed six out of six physical therapy sessions. There were no progress notes in the medical record and no documentation indicating objective improvement. Subjectively, the injured worker's low back pain is improved. The injured worker requested chiropractic treatment in lieu of physical therapy. In a March 19, 2015 progress note the treating provider requested additional physical therapy. The injured worker declined and continued on a home exercise program. The guidelines recommend 10 visits over a week for lumbar sprains and strains. The injured worker completed six sessions. The treating provider is requesting an additional six sessions. This request (12 sessions in total) is in excess of the recommended guidelines. Additionally, there is no documentation indicating objective functional improvement with which to pursue an additional set of physical therapy sessions over and above the six visit clinical trial. Consequently, absent compelling clinical documentation with objective functional improvement as a prelude to additional physical therapy, physical therapy progress notes and compelling clinical facts indicating additional physical therapy is warranted, physical therapy one time per week times 3 to 6 weeks to the lumbar spine is not medically necessary.