

Case Number:	CM15-0237861		
Date Assigned:	12/15/2015	Date of Injury:	10/30/2014
Decision Date:	01/15/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/07/2015

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 33-year-old man sustained an industrial injury on 10-30-2014. Diagnoses include intervertebral disc displacement, sciatica, and low back pain. Treatment has included oral medications. Physician notes dated 10-27-2015 show complaints of improved back pain following a lumbar epidural steroid injection that was administered on 10-15-2015. The physical examination shows only "positive MRI L5, S1". Recommendations include obtaining the AME report, no medication refills at this time, acupuncture, and more handwriting that was cut off the page when copying. An RFA is available including a request for physical therapy with the same date. Utilization Review denied a request for additional physical therapy on 11-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy three times a week for four weeks (12 sessions) for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic Chapter (Online Version) Physical/Occupational Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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, additional physical therapy three times per week times four weeks, 12 sessions, low back 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are other intervertebral disc displacement; sciatica, unspecified side; and low back pain. Date of injury is October 30, 2014. Request for authorization is October 27, 2015. According to an October 27, 2015 progress note, subjective documentation indicates the injured worker at a lumbar epidural steroid injection on October 15, 2015 with improvement. Objectively, there is no physical examination. There are no physical therapy progress notes in the medical record, however the utilization view indicates the injured worker completed six physical therapy sessions. There is no documentation demonstrating objective functional improvement to support additional physical therapy. Because of the prior lumbar epidural steroid injection, the utilization reviewer certified four sessions of physical therapy. In the absence of objective functional improvement, additional physical therapy is not clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation-demonstrating objective functional improvement from the six physical therapy completed sessions, additional physical therapy three times per week times four weeks, 12 sessions, low back is not medically necessary.