

Case Number:	CM14-0185932		
Date Assigned:	11/14/2014	Date of Injury:	09/08/2014
Decision Date:	12/16/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/07/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Pursuant to the most recent note dated October 14, 2014, the injured worker (IW) complains of right lower back pain with radiation to the posterior thigh, calf, and into the back of the ankle. Pain is rated 7/10. The IW reports improvement with physical therapy and with epidural steroid injections (ESIs). Physical examination revealed tenderness over the lumbar paraspinal muscles. The IW was diagnosed with aggravation of L4-L5 disc herniation. Treatment has included: Medications, diagnostics, and physical therapy. The IW has completed 6 physical therapy sessions to date. The provider is recommending an additional L4-L5 ESI, and physical therapy 3 times a week for 3 week. The IW was provided with Ibuprofen 200mg, and Prilosec 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the low back, three times weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy

Decision rationale: The ODG allows for fading of treatment frequency (from up to three weeks per visit to one or less), plus active self-directed home physical therapy. 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). In this case, the injured worker is 65 years old with a date of injury September 8, 2014. He sustained an injury to his lower back with an aggravation of L4 - L5 disc herniation. The injured worker received 6 physical therapy sessions. His symptoms are improving with physical therapy as well as with epidural steroid injections. However, there is no explicit documentation in the medical record as to objective functional improvement from the prior physical therapy sessions including activities of daily living or reduced work restrictions. The guidelines indicate documentation with objective functional improvement needs to be present before continued physical therapy is authorized. That documentation is absent. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, additional physical therapy lower back, three times weekly for three weeks is not medically necessary.