

Case Number:	CM14-0197102		
Date Assigned:	12/05/2014	Date of Injury:	06/10/2009
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational 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:

This case is a male employee with a date of injury on 6/10/2009. A review of the medical records indicates that the patient has been undergoing treatment for lumbar radiculitis. Subjective complaints (10/22/2014) include low back pain, physical therapy 'seemed to hurt', and would like 'different physical therapy'. Objective findings (10/22/2014) include decreased lumbar range of motion, tenderness to low back, and intact sensory exam. Treatment has included motrin, norco, cymbalta, senokot, flexeril, and physical therapy (unspecified number of sessions). The treating physician notes that the initial physical therapy trial did not have much benefit. A utilization review dated 10/28/2014 non-certified the request for Physical therapy for the lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records do not indicate the number of sessions that were initially attempted. The treating physician does note that the prior cycle of physical therapy was not beneficial. Physical therapy notes indicate that the patient progressed to home therapy. The treating physician does not detail what changes to the physical therapy treatment plan should be made compared to the first trial. Additionally, the medical notes do not show any improvement in function, which is generally necessary to continue with physical therapy treatment. As such, the request for Physical therapy for the lumbar is not medically necessary.