

Case Number:	CM14-0213095		
Date Assigned:	12/30/2014	Date of Injury:	07/25/2014
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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
 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 patient is an injured worker with lumbosacral complaints. The orthopedic consultation report dated September 9, 2014 documented the history of the injury. On July 25, 2014 while at work he was pulling bar stock when he developed sharp pain in his low back. The injury was reported to his employer on July 28, 2014. He was referred to [REDACTED]. The doctor obtained a lumbar MRI scan showing abnormality. He underwent 6 treatments of physical therapy which did not provide relief. The pain in his low back is worse in the morning when he gets up. He takes pain medication during the day. Pain increases when sitting, standing and walking. There is no radiating pain into the legs. On a scale from 1 to 10, the patient describes the pain as being 7-10. There are cracking sensations in both hips. His back is stiff. He is not using a lumbar support. The patient does not use a cane or walker for the aid of walking. The patient has pain doing housework and sleeping through the night. There are no bowel movement; complaints. There is no pain when straining at stool, coughing or sneezing. There are no bladder changes. There are no sexual dysfunctions. There is no skin rash, itching or discoloration. There is no shortness of breath, frequent or chronic cough. There are no bruising tendencies. The patient heals normally after a cut or bleeding. The patient does not have any difficulty with clotting. The patient is not allergic to any medications or latex. No food or environmental allergies. The patient denies prior history of injury or trauma to the spine other than previously noted as well as any other work related injuries. Physical examination was documented. The patient is well developed, well nourished, and in no acute distress. Body habitus is normal. External exam of eyes, ears, nose and mouth reveals no deformities, scars or

lesions. Respirations are regular and unlabored. Respiratory effort is normal with no evidence of abnormal intercostal retraction, or excessive use of accessory muscles. Pupils are symmetric. No conjunctivitis or icterus is present. Skin appears to be normal without rashes, lesions, or ulcers. Pulse is regular. No cyanosis, clubbing or edema is evident. Gait and station are within normal limits except as described below. No amputations or fixed deformities are evident. The patient walks without limp, list or pelvic obliquity. Lumbar lordotic curvature is preserved. No paralumbar spasm is present. Range of lumbar spine motion revealed flexion to be full. Straight leg raising is positive on the right at 45 degrees for low back pain, and positive on the left at 60 degrees for low back pain. There is lateral tenderness of the paraspinal musculature bilaterally. Diagnoses were lumbosacral strain, lumbar spondylosis, and L4-5 and L5-S1 disc disorder. The PT physical therapy progress report dated August 13, 2014 documented the completion of five visits. The physical therapist documented minimal improvement with PT physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG), recommend 10 visits for lumbar sprains and strains. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG), present physical therapy guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the medical records document lumbosacral strain, lumbar spondylosis, and L4-5 and L5-S1 disc disorder. The physical therapy progress report dated August 13, 2014 documented the completion of five visits. The physical therapist documented minimal improvement with PT. The orthopedic consultation report dated September 9, 2014 documented that the patient underwent 6 treatments of physical therapy which did not provide relief. Per ODG guidelines, patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, prior to continuing with physical therapy. The physical therapy progress report dated August 13, 2014 documented minimal improvement with physical therapy. The orthopedic consultation report dated

September 9, 2014, documented that the patient underwent 6 treatments of physical therapy which did not provide relief. The request for 12 additional physical therapy treatments exceeds MTUS and ODG guideline recommendations, without the recommended documentation of functional improvement or exceptional factors. Therefore, this request is not medically necessary.