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| Case Number: | CM14-0214082 | | |
| Date Assigned: | 12/31/2014 | Date of Injury: | 01/07/2013 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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, 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 (IW) is a 57-year-old man with a date of injury of January 7, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar sprain with disc bulging at L3-L4; rule out lumbar radiculopathy L3, L4 and L5, left greater than right; and bilateral lumbar facet hypertrophy and arthropathy, more on the left at L2 L3, L3-L4, L4-L5 and L5-S1. Pursuant to the primary treating physician's progress note dated October 2, 2014, the IW complains of constant low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain is characterized by sharp. There is radiation to the lower extremities. The pain is rated 8/10 on the pain scale. Examination of the lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Standing flexion and extension is guarded and restricted. Circulation in the lower extremities is full. There are multiple physical therapy appointment slips in the medical record dated February 12, 2013 through April 21, 2013. There are no physical therapy (PT) progress notes with evidence of objective functional improvement. According to the UR documentation, the IW was certified for 12 sessions of PT as of October 3, 2014. It is unclear if the approved PT was started. The treating physician indicates a referral to pain management is pending. The current request is for physical therapy for the low back and left hip 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back and left hip; 12 sessions: 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 Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back/Hip Sections; Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the low back and left hip (12 sessions) 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 number of visits exceeds the guideline, exceptional factors should be noted. The guidelines enumerate the frequency and duration of physical therapy according to specific injuries. In this case, the injured worker's working diagnosis is lumbar sprain with disc bulging at L3 - L4 (see MRI report); rule out lumbar radiculopathy L3, L4 and L5, left greater than right; bilateral lumbar facet hypertrophy and arthropathy more on the left at L2 - 03, L3 - L4, L4 - L5 and L5 - S1. The documentation in the medical records indicates the injured worker received physical therapy in February 2013. Appointment slips are present in the medical record dated February 14, 2013 through February 21, 2013. There were no progress notes with evidence of objective functional improvement. On October 3, 2014, an additional 12 physical therapy sessions were certified. The medical record did not contain documentation that the subsequent physical therapy (12 sessions) were started. There is no subsequent evidence of objective functional improvement or progress notes from physical therapy. There are no compelling clinical facts in the medical record to support an additional 12 physical therapy sessions. Consequently, at clinical documentation to support an additional 12 physical therapy sessions, objective functional improvement with respect to prior physical therapy sessions and exceptional factors/compelling clinical facts, physical therapy to the low back and left hip for an additional (12 sessions) of physical therapy are not medically necessary.