

Case Number:	CM14-0216327		
Date Assigned:	01/06/2015	Date of Injury:	07/10/2014
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Physical Medicine & Rehabilitation, Pain Management

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 is a 29-year-old female, with a reported date of injury of 07/10/2014. The result of the injury was low back pain. She was accidentally hit in the back while at work. The current diagnosis includes lumbar pain. The past diagnosis includes low back pain. Treatments have included physical therapy, computerized tomography (CT) of the lumbar spine on 09/02/2014, which showed possible slight dextroscoliosis, and Naprosyn. The medical report dated 11/05/2014 indicates that the injured worker complained of back pain, and stated that movement made the pain worse. She rated the pain a 6 out of 10. The injured worker reported no change since the last visit. The rationale for the request was not indicated. The injured worker's work status was modified duties. The medical records provided for review included the reports for five (5) physical therapy sessions from 09/17/2014 to 10/20/2014. The re-evaluation report dated 10/20/2014 indicates that the injured worker reported that she only felt 30% improved, and that she continued to have difficulty sitting for 5 minutes, laying supine for 10 minutes, and standing for 10 minutes. She complained of continued pain and pressure sensation in the right lower back. It was noted that since the 09/17/2014 session, the injured worker's range of motion had increased. The treating provider indicated that the injured worker demonstrated improved walking ability, increased functional range of motion, and improved pain levels. She continued to have daily pain, which affected her mobility. It was noted that the injured worker would benefit from continued skilled physical therapy to address her impairments. 6 prior PT sessions were noted. On 12/09/2014, Utilization Review (UR) denied the request for nine (9) additional physical therapy sessions for the lumbar spine, three (3) times a

week for three (3) weeks. The UR physician noted that there was no documentation of the prior physical therapy visits without sustained gains, and no documentation of functional improvement after the most recent physical therapy. The Chronic Pain and Official Disability Guidelines were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 sessions of physical therapy (3x3) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy (PT)

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

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of at least 6 recent PT sessions. The provider noted improvement in pain, ROM, and function. However, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.