

Case Number:	CM14-0217954		
Date Assigned:	01/07/2015	Date of Injury:	02/26/2010
Decision Date:	03/11/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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:

This 44 year old female suffered an industrial injury on 2/26/10 with subsequent ongoing left hip, left shoulder and lumbar spine pain. Treatment included physical therapy, ice, medications and home exercise. Magnetic resonance imaging of the lumbar spine (9/2/14) showed mild chronic disc degeneration with diffuse disc bulge and mild bilateral facet arthropathy at L4-5, and mild chronic disc degeneration with diffuse disc bulge and partial annular tearing at L5-S1. In a PR-2 dated 11/25/14, the injured worker complained of pain at the left side of the low back. The injured worker reported taking Ibuprofen as needed with good relief of pain. Physical exam was remarkable for normal gait, normal heel and toe walk, lumbar spine with normal muscle tone, no spasms and active, pain free range of motion. Recent x-rays of the lumbar spine were normal. Current diagnoses included sciatica and backache. The treatment plan included Ibuprofen 600 mg one table three times a day and physical therapy for the lumbar spine. On 12/16/14, Utilization Review noncertified a request for physical therapy for the lumbar spine, two times a week for six weeks citing CA MTUS, 2009, Chronic pain, pg. 98-99.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. A 6-visit trial is recommended with further visits recommended based upon documentation of objective functional improvement. Within the documentation available for review, there is no indication of any specific objective functional deficits, treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS as a trial and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.