

Case Number:	CM14-0219269		
Date Assigned:	01/09/2015	Date of Injury:	12/19/2013
Decision Date:	03/06/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/31/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on December 19, 2013. She has reported low back pain, right thigh and left leg pain related to a motor vehicle accident (MVA). The diagnoses have included lumbar herniated nucleus pulposus, lumbar stenosis, degenerative lumbar disc and lumbar degenerative disc disease (DDD). Treatment to date has included physical therapy. Currently, the IW complains of low back, right thigh and left leg pain. The most current medical record dated July 2014 notes the injured worker has had physical therapy and is working and recommends epidural steroid injection and physical therapy. On December 26, 2014 Utilization Review non-certified a request for occupational therapy 12 visits, noting the therapy exceeds recommended guidelines. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited. On December 31, 2014, the injured worker submitted an application for IMR for review of occupational therapy 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of occupational therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the lower back and neck is recommended by the MTUS Guidelines as an option for chronic lower back or neck pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or neck pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had already completed 6 sessions of physical therapy and was discharged from physical therapy as she had met her goals and was independent with home exercises, and therefore did not require any more supervised sessions. The worker is now being recommended an additional 12 sessions, which even if she were not yet capable of home exercises, would be more than the recommended number of sessions (up to 10). Regardless, due to no evidence being provided which suggested she was for some reason not capable of continuing her home exercises as her continual physical therapy regimen, additional supervised sessions will be considered medically unnecessary.