

Case Number:	CM14-0048331		
Date Assigned:	07/02/2014	Date of Injury:	12/15/1987
Decision Date:	05/27/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/16/2014

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 is a 64 year old male who sustained an industrial injury on December 15, 1987. He has reported lower back pain and has been diagnosed with degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, lumbar sprain and strain, and sciatica. Treatment has included medications, physiotherapy, and physical therapy. Currently the injured worker had lower back pain radiating to the legs. The treatment request included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five (5) Physical Therapy 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 section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 5 physical therapy sessions are 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/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are degeneration lumbar or lumbosacral intervertebral disc; displacement lumbar intervertebral disc without myelopathy; and lumbar sprain and strain. The injured worker's date of injury is December 15, 1987 (28 years prior to presentation). The total number of physical therapy sessions to date is not documented. Documentation from a March 17, 2014 treatment plan (in the progress note) states the injured worker has tried conservative management that has not worked for his low back pain. He has been engaged in a physical therapy at home program that has not worked. Additional exercises were explained to the injured worker for home use for core strengthening that has not helped. The treating provider requested five sessions of physiotherapy for the low back and core strengthening. There is no documentation of prior physical therapy documentation. The treatment plan indicates prior physical therapy (at home) has failed and is been ineffective. 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). Additionally, there are no compelling clinical facts indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement referencing prior physical therapy sessions to date and compelling clinical facts indicating additional physical therapy is warranted, 5 physical therapy sessions are not medically necessary.