MAXIMUS Federal Services

Case Number:	CM15-0109860		
Date Assigned:	06/19/2015	Date of Injury:	03/18/2014
Decision Date:	07/20/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/07/2015

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 66-year-old male, who sustained an industrial injury on March 18, 2014. He reported back pain and pulling sensation due to doing a heavy work load with repetitive work motions. The injured worker was diagnosed as having lumbar strain, stable. Diagnostic studies to date have included an MRI and x-rays. Treatment to date has included work modifications, home exercises, acupuncture, physical therapy, and medications including oral pain, topical pain and non-steroidal anti-inflammatory. On April 13, 2015, the injured worker complains of continued back pain and discomfort since the date of injury. He reports that physical therapy provides relief while there and acupuncture is helpful as long as he goes. He is retired. The physical exam revealed decreased of lumbar range of motion, tenderness over the paraspinal musculature and bilateral sacroiliac joints, and normal strength, sensation and deep tendon reflexes in the bilateral lower extremities. The treatment plan includes an additional 12 sessions of physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions (2 times 6) to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines - Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional 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. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific sustained objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear how many therapy sessions the patient has been provided, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for this patient's diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.