

Case Number:	CM15-0112528		
Date Assigned:	06/19/2015	Date of Injury:	12/12/2009
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of December 12, 2009. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy. The claims administrator referenced an April 14, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 11, 2015, it was acknowledged that the applicant was working without restrictions. Eight sessions of aquatic therapy were proposed. The applicant reported 7/10 low back pain complaints. The applicant exhibited a normal gait, it was acknowledged, despite some pain on heel and toe ambulation. Unlimited lumbar spine range of motion was appreciated. On May 20, 2015, the attending provider acknowledged that the applicant had received earlier hydrotherapy. The attending provider stated that he was therefore seeking additional hydrotherapy. The applicant reported continued complaints of low back pain. The applicant exhibited a normal gait and unrestricted lumbar spine range of motion with intact sensorium about the lower extremities. Once again, the applicant was apparently returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar 2 times weekly for 4 weeks, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: No, the request for eight sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment in 2015 alone (at least eight sessions, per the attending provider), seemingly compatible with the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, one of the operating diagnoses present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant was described as having already successfully transitioned to regular duty work. The applicant was likewise described as exhibiting a normal gait, full, unrestricted lumbar spine range of motion, etc., on multiple office visits of early to mid 2015. All information on file, thus, suggested that the applicant did not have significant residual physical impairment and was, thus, capable of transitioning to self-directed, home-based physical medicine without the lengthy formal course of physical therapy at issue, as suggested on both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.