

Case Number:	CM15-0113854		
Date Assigned:	06/22/2015	Date of Injury:	03/16/2007
Decision Date:	07/21/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/12/2015

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, 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:

This 68 year old male sustained an industrial injury on 3/16/07. He subsequently reported back pain. Diagnoses include lumbago, degenerative lumbar/lumbosacral intervertebral disc and spinal stenosis. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, it was noted that the injured worker is guarding today, he is holding his muscles tight and not using the lumbar spine and substituting with his hip flexors. The injured worker is having difficulty standing erect. Sitting straight leg raise test was equivocal. Gait was non-antalgic. There is no visible fasciculations or muscle atrophy in the lower extremities. A request for physiotherapy lumbar was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 474, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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, physical therapy two times per week times three weeks of the lumbar spine is 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 lumbago; degeneration lumbar or lumbosacral intervertebral disc; spinal stenosis, unspecified region, other than cervical. The date of injury is March 16, 2007. The earliest progress note in the medical record is July 7, 2014. The injured worker was seen monthly for ongoing low back pain. On March 30, 2015, there was no change in subjective symptoms of low back pain 2/10. In a progress note dated April 28, 2015, the injured worker developed an exacerbation of low back pain (3-4/10). Objectively, there were minimal clinical findings. The utilization review states the injured worker received adequate physical therapy. The documentation does not contain a number of previous physical therapy sessions authorized and received, physical therapy progress notes, evidence of objective functional improvement with prior PT. The injured worker should be well versed in a home exercise program based on prior physical therapy and the exercises learned during physical therapy. Additionally, there are no compelling clinical facts indicating additional physical therapy is warranted. Consequently, absent clinical documentation with prior physical therapy progress notes, total number of therapy sessions authorized and received, evidence of objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times three weeks of the lumbar spine is not medically necessary.