

Case Number:	CM15-0113857		
Date Assigned:	06/22/2015	Date of Injury:	11/23/2013
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:

The injured worker is a 28 year old, male who sustained a work related injury on 11/23/13. The diagnoses have included mechanical low back pain, lumbar annular disc tears, right radiculitis, lumbar degenerative disc disease, right lumbar facet joint arthropathy, possible right sacroiliitis and myofascial pain syndrome. Treatments have included physical therapy, medications, a lumbar epidural steroid injection and a 6 session trial of acupuncture. In the Physical Therapy notes dated 3/23/14, the injured worker complains of low back pain. He rates his pain level a 6/10. He states pain level at best is 6/10 and at worst is 8/10. He has restricted movement in lumbar spine. He has good tolerance to therapy. Therapist reports he could use more physical therapy. In the Pain Management Progress Report dated 3/12/15, the injured worker complains of low back and right leg pain and discomfort. He states that physical therapy only provided mild and short term benefit. He noticed a 50-60% improvement of his low back pain for six weeks with the lumbar epidural steroid injection that was given on 12/3/14. He states he was able to perform activities of daily living with less pain after the injection. He states his Tramadol usage has decreased from 2-3/day. He has moderate to severe tenderness to palpation of right lumbar facet joints. He has mild to moderate tenderness to palpation along the right sacroiliac joint. The right lumbar paraspinous muscle is very stiff to palpation. He has decreased range of motion in lumbar spine. The treatment plan includes a request for authorization for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are mechanical low back pain; annular disk tear L4 - L5 and L5 - S1; right S1 radiculitis; lumbar degenerative disc disease; right lumbar facet joint arthropathy; possible right sacroiliitis; and myofascial pain syndrome. Documentation from a pain management provider dated April 27, 2015 states the injured worker received approximately 10 physical therapy sessions with mild short-term relief. Utilization review indicates the injured worker received 12 physical therapy sessions. A physical therapist progress note dated March 9, 2015 lists exercises and modalities rendered to the injured worker. Subjectively, the patient reports continued soreness in his back. The plan is an additional six weeks of physical therapy twice weekly. The request for authorization was submitted by the physical therapist, Still wagon PT, DPT, OCS. The medical records do not contain a request for authorization by the treating pain management provider for additional physical therapy. The independent medical review application was signed by the treating physical therapist. Additionally, there were no compelling clinical facts indicating additional physical therapy is clinically warranted. Consequently, absent clinical documentation with objective functional improvement by the treating physician provider and compelling clinical facts indicating additional physical therapy is warranted, physical therapy lumbar spine is not medically necessary.