

Case Number:	CM15-0114038		
Date Assigned:	06/22/2015	Date of Injury:	06/16/2012
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
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

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 injured worker is a 70 year old female, who sustained an industrial injury on 6/16/2012. She reported low back pain. Diagnoses have included low back pain. Treatment to date has included physical therapy, chiropractic treatment, magnetic resonance imaging (MRI) and medication. According to the progress report dated 5/13/2015, the injured worker complained of ongoing low back pain. She reported having a flare with tightness and spasm of the lumbar spine that lasted about a week. She stated that Relafen brought her pain level down from 9/10 to 5/10. Exam of the lumbar spine revealed tenderness to palpation over the paraspinal muscles, right side greater than left. She had painful and decreased range of motion. She ambulated with an antalgic gait, favoring the right side. Authorization was requested for six additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy guidelines.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has already completed 20 previous physical therapy appointments without documentation of subjective or objective functional gains or decrease in pain. After 20 physical therapy sessions, it is reasonable to presume that the injured worker could continue with a self-directed, home-based exercise program. The request for 6 additional physical therapy sessions is determined to not be medically necessary.