

Case Number:	CM15-0123942		
Date Assigned:	07/08/2015	Date of Injury:	03/21/2004
Decision Date:	08/07/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/26/2015

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: Family Practice

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 67 year old male sustained an industrial injury to the low back on 2/5/01. Documentation did not disclose previous treatment or recent magnetic resonance imaging. In the only documentation submitted for review, a PR-2 dated 5/8/15, the injured worker had reduced his use of narcotics from four to six per day to two per day. The physician noted that the injured worker was exercising more. Physical exam was remarkable for lumbar spine with improved but still restricted range of motion. Current diagnoses included chronic lumbar spine sprain/strain. The treatment plan included reducing the number of Norco per day with prescriptions for Norco and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for six weeks in treatment of the lumbosacral spine

Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

Decision rationale: According to the MTUS guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The request for physical therapy treatments is not supported. The injured worker is far into the chronic phase of injury and in the absence of an acute exacerbation, the request for a course of physical therapy treatments is not supported. Moreover, the number of physical therapy sessions requested exceeds the amount recommended by the MTUS guidelines. By now, the injured worker should be participating in a home exercise program and Utilization Review has modified this request to allow for two sessions for re-education in a home exercise program. The request for Physical Therapy two times a week for six weeks in treatment of the lumbosacral spine Qty: 12 is not medically necessary and appropriate.