

Case Number:	CM15-0125016		
Date Assigned:	07/09/2015	Date of Injury:	12/24/2014
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53-year-old female, who sustained an industrial injury on 12/24/2014. She reported a slip and fall with injury to the middle-lower back and head. Diagnoses include closed head injury with concussion and lumbar strain. Treatments to date include NSAIDs, anti-inflammatory, muscle relaxant, and twelve (12) physical therapy sessions. Currently, she complained of ongoing low back pain. Pain was rated 7-8/10 VAS at baseline. On 3/11/15, the physical examination documented tenderness and decreased range of motion in the lumbar spine. The treating diagnoses included lumbar strain, quadratus lumborum pain and muscle strain/sprain. The plan of care included continuation of Flexeril and Naprosyn. The appeal request was to authorize additional physical therapy twice a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 3 Wks for cervical spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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 physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks. Sprains and strains of sacroiliac region (ICD9 846): Medical treatment: 10 visits over 8 weeks. Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks. Per progress report dated 3/18/15, it was noted that the injured worker received six sessions of physical therapy with slight relief. As the requested additional six sessions is in excess of the guideline recommendation, medical necessity cannot be affirmed. Furthermore, the injured worker should have transitioned to self-directed home therapy. The documentation submitted for review does not contain any rationale as to why this is insufficient. The request is not medically necessary.