

Case Number:	CM15-0171825		
Date Assigned:	09/14/2015	Date of Injury:	11/21/2007
Decision Date:	10/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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 52 year old female sustained an industrial injury on 11-21-07. The injured worker is being treated for lumbago. Treatments to date include MRI testing and an undetermined amount of physical therapy. Medications include Coumadin and Lortab. An MRI dated 4-24-15 revealed mild degenerative changes with disc space loss and endplate changes at the L4-L5 level. The injured worker has continued complaints of low back pain. Upon examination, it was noted that there was no worsening of symptoms since the last visit. Back pain reported is 4 out of a scale of 10. A request for PT 3x4 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:

PT 3x4 Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter 12: Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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 three times per week times four 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 exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are infectious endocarditis with valve replacement and infectious discitis. The request for authorization lists low back pain as the diagnosis. Date of injury is November 21, 2007. Request for authorization is August 18, 2015. According to an August 12, 2015 progress note, the treating provider summarizes the history. Each worker developed a strep infection, endocarditis with vegetations, valve replacement and an infection in the disk space. The documentation indicates the injured worker received physical therapy in 2007 which did not help. The total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. The worker had a disk space infection. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy (although PT was provided in 2007), no documentation of the total number of physical therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy three times per week times four weeks of the lumbar spine is not medically necessary.