

Case Number:	CM15-0174104		
Date Assigned:	09/15/2015	Date of Injury:	10/14/2014
Decision Date:	10/16/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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 25 year old male, who sustained an industrial injury on October 14, 2014, incurring low back injuries. He was diagnosed with lumbar disc degeneration and lumbago. Treatment included anti-inflammatory drugs, rest, physical therapy, chiropractic sessions, and epidural steroid injection with no relief, exercises and activity restrictions. Currently, the injured worker complained of constant low back pain radiating into his buttocks aggravated by bending and sitting for a prolonged period of time. He rated his pain 3 to 7 out of 10 on a pain scale from 1 to 10. He noted continued stiffness and muscle spasms of the low back interfering with sleep. He had restricted and limited range of motion with the chronic low back pain. Magnetic Resonance Imaging of the lumbar spine revealed lumbar disc bulge greater on the left side and neuroforminal stenosis. The treatment plan that was requested for authorization on September 3, 2015, included physical therapy for the lumbar spine. On August 20, 2015, a request for physical therapy for the lumbar spine was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbar Spine QTY 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation.

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 lumbar #6 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease (L4 - L5); intermittent lower extremity radiculitis (resolved); and diffuse regional myofascial pain. Date of injury is October 14, 2014. Request for authorization is August 14, 2015. According to a progress note dated August 5, 2015, subjective complaints include low back pain 3/10. The injured worker tried and failed conservative modalities including rest, medications, physical therapy, chiropractic treatment and epidural steroid injections. Objectively, injured worker has a slow, guarded gait with negative straight leg raising. There were no other physical findings documented on examination. The total number of physical therapy sessions is not documented in the record. There is no documentation demonstrating objective functional improvement associated with prior physical therapy. As noted above, the injured worker states physical therapy did not help. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation showing a failure of conservative modalities (by history), no documentation indicating the total number of physical therapy sessions and no compelling clinical documentation indicating additional physical therapy is warranted, physical therapy lumbar #6 is not medically necessary.