

Case Number:	CM15-0175182		
Date Assigned:	09/16/2015	Date of Injury:	01/21/2015
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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: New Jersey

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:

The injured worker is a 57 year old female, who sustained an industrial injury on 1-21-2015. She reported cumulative injuries to the back and neck. Diagnoses include lumbosacral sprain-strain and lower thoracic and upper lumbar sprain-strain. Treatments to date include anti-inflammatory, muscle relaxant, and opioid. Currently, she complained of ongoing pain in the mid and low back. Current medications listed included Celebrex, Flexeril, and Tramadol. On 7-30-15, the physical examination documented limited range of motion due to pain. The appeal requested authorization for ten physical therapy sessions, twice a week for five weeks. The Utilization Review dated 8-10-15, modified the request to authorize eight physical therapy sessions twice a week for four weeks. The Utilization Review dated 8-10-15, modified the request allowing for eight physical therapy sessions, twice a week for four weeks per California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions for the lumbar spine, twice weekly for five weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back myalgia-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, was reportedly not yet treated with physical therapy since her injury on 1/21/15, and prior requests for physical therapy was for more sessions than would be recommended by Guidelines. Based on the fact that the worker has not yet used physical therapy for this most recent injury and has persistent symptoms and complaints of her back, the 10 sessions requested is warranted and medically necessary. There is no evidence to suggest 8 sessions would be more appropriate than 10 in this case.