

Case Number:	CM15-0177939		
Date Assigned:	09/18/2015	Date of Injury:	06/11/2014
Decision Date:	10/22/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47-year-old female, who sustained an industrial injury on June 11, 2014. She reported low back pain. The injured worker was recently diagnosed as having lumbar degenerative disc disease. Treatment to date has included diagnostic studies, physical therapy and medication. She denied an epidural injection. On July 16, 2014, physical therapy notes stated that the injured worker completed four out of nine physical therapy sessions. On August 19, 2015, the injured worker complained of lower back pain that did not change. The pain was noted to be 80% in her lower back and 10% going into the left thigh. The pain was described as burning, sharp and "moderate." Standing or sitting for long hours aggravated the pain. Notes stated that she did about one month of physical therapy that had been cancelled. Treatment recommendations included a more prolonged course of physical therapy, an epidural injection and possible other modalities such as chiropractic treatment, acupuncture and weight loss. On September 1, 2015, utilization review modified a request for 18 physical therapy visits two to three times a week for six weeks for lumbar to 10 physical therapy visits for lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 PT Visits 2-3 Visits Per Week for 6 Weeks for Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for low back pain without lower extremity radiating symptoms. When seen, recent treatments included one month of physical therapy. An epidural injection had been recommended but was declined. Physical examination findings included a body mass index over 41. She was in no acute distress and her examination was otherwise without documented abnormality. Recommendations included a more prolonged course of physical therapy with reconsideration of an epidural injection. Authorization was requested for up to 18 physical therapy treatment sessions. In terms of physical therapy for a lumbar degenerative disc disease, guidelines recommend up to 10 treatment sessions over 8 weeks and the claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/ appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.