

Case Number:	CM15-0063134		
Date Assigned:	04/08/2015	Date of Injury:	01/05/2015
Decision Date:	05/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/02/2015

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

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 23 year old male, who sustained an industrial injury on 1/5/2015. He reported a low back injury. The injured worker was diagnosed as having lumbar myalgia, lumbar sprain/strain and mild spasm. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 3/17/2015, the injured worker complains of back pain. The treating physician is requesting 12 physical therapy visits to the lumbar spine. The utilization reviewer modified the request to certify 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x wk x 4 wks - lumbar spine - eval and treat: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 299. Decision based on Non-MTUS Citation ODG, Preface Physical Therapy Guidelines.

Decision rationale: Regarding the request for physical therapy, CA MTUS and ACOEM cite that the strongest medical evidence regarding potential therapies for low back pain indicates that having the patient return to normal activities has the best long-term outcome. Regarding physical therapeutic interventions, they recommend 1-2 visits for education, counseling, and evaluation of home exercise for range of motion and strengthening. ODG cites that 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). Within the documentation available for review, the patient had a recent injury and the utilization reviewer modified the request to certify 6 sessions. The guidelines do not support an initial trial of more than 6 sessions and there is no clear rationale identifying the medical necessity of additional sessions prior to evaluation of efficacy after such a trial. Unfortunately, there is no provision for modification of the current request to allow for the 6 initial sessions recommended by the guidelines. In light of the above issues, the current request for physical therapy is not medically necessary.