

Case Number:	CM15-0063228		
Date Assigned:	05/15/2015	Date of Injury:	09/08/2004
Decision Date:	06/12/2015	UR Denial Date:	03/10/2015
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 50-year-old female, who sustained an industrial injury on September 8, 2004. She reported low back pain. The injured worker was diagnosed as having chronic low back pain with muscle spasm, multilevel degenerative disc disease, left lower extremity radiculopathy, depression secondary to pain and obesity. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain and depression. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. She noted she had a 25 percent reduction in pain with physical therapy and a 50 percent reduction in pain when she takes the pain medication exactly as prescribed. Evaluation on February 23, 2015, revealed continued pain as noted. Evaluation on March 16, 2015, revealed continued pain as noted. Medications were renewed. Four additional physical therapy sessions were requested. Notes indicate that the patient has previously been approved for 12 therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Additional physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the 10-12 visits of PT recommended by the CA MTUS for low back pain and lumbar radiculopathy and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.