

Case Number:	CM15-0067338		
Date Assigned:	04/15/2015	Date of Injury:	03/28/2014
Decision Date:	05/14/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 57 year old male, who sustained an industrial injury on 3/28/14. He has reported initial complaints of low back injury after crawling under the wing of a plane and pulling the hose of the spray gun he was unable to get up. The diagnoses have included lumbar sprain and lumbago. Treatment to date has included medications, diagnostics, activity modifications, and physical therapy. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine, x-ray of the coccyx, x-ray of the lumbar spine, and x-ray of the sacrum. Currently, as per the physician progress note dated 3/18/15, the injured worker complains of continued symptoms and pain which worsened since last visit. He reports that he is unable to stand or walk longer than an hour before he experiences numbness and tingling in the left leg. The pain is in the low back shoulder blades, left and right flank and right buttocks. Physical exam of the lumbar spine revealed tenderness in the low back, spasm, spasticity, positive straight leg raise test, decreased range of motion, and decreased lumbar muscle strength. Work status was light duty with restrictions. The physician noted that he would like physical therapy to increase strength, range of motion and flexibility. There was no previous therapy sessions noted. The medications included Naprosyn, Flexeril and Motrin as needed. The physician requested treatment included Physical Therapy for the Lumbar Spine, 12 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar Spine, 12 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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 spine 12 treatments 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 lumbago; and lumbar sprain. The date of injury is March 28, 2014. In a progress note dated March 18, 2015, there is no documentation prior physical therapy or past physical therapy progress notes. Subjectively, the injured worker complains of continued pain in the lower back unchanged from the prior visit. Walking is limited to no longer than one hour due to numbness and tingling in the left leg. Objectively, the injured worker is in no acute distress. There is tenderness to palpation involving the lower back. Straight leg raising his positive, but there are no additional neurologic findings document. 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). The treating physician requested 12 physical therapy sessions. This is in excess of the recommended guidelines. In the alternative, if the injured worker received prior physical therapy (non-documented in the medical record) compelling clinical documentation is absent from the medical record. Consequently, absent compelling clinical documentation supporting additional physical therapy or clinical documentation with a six visit clinical trial (12 sessions requested), physical therapy lumbar spine 12 treatments is not medically necessary.