

Case Number:	CM15-0068335		
Date Assigned:	04/15/2015	Date of Injury:	05/06/2014
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/10/2015

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 21-year-old male who sustained an industrial injury on 5/6/14. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar spine disc bulge with radiculopathy, thoracic spine sprain/strain and bilateral knee sprain/strain, tendonitis rule out derangement. Treatments to date have included bracing, activity modification, trigger point injections, acupuncture treatment, chiropractic treatments, electromyography, nerve conduction studies, and non-steroidal anti-inflammatory drugs. Currently, the injured worker complains of lumbar spine discomfort. The plan of care was for physiotherapy sessions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physiotherapy sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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, 12 sessions physical therapy to the lumbar spine are 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 lumbar spine disc bulge at L4 - L5 with radiculopathy; thoracic spine sprain/strain; and bilateral knees sprain/strain. The documentation shows the injured worker received 24 acupuncture treatments. The injured worker underwent an MRI of the lumbar spine and electrodiagnostic studies. An initial orthopedic consultation dated January 9, 2015 indicated the injured worker has not received formal physical therapy. A request for 12 physical therapy sessions was made at that time. 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). On February 20, 2015, 12 physical therapy sessions were authorized to the lumbar spine. On March 9 (less than two weeks later), an additional 12 physical therapy visits to the lumbar spine were requested. There is no clinical indication or rationale for an additional 12 physical therapy sessions. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record (March 9, 2015) to suggest additional physical therapy is clinically indicated. Consequently, absent compelling clinical documentation with evidence of objective functional improvement and compelling clinical facts to indicate additional physical therapy is clinically indicated, 12 sessions physical therapy the lumbar spine are not medically necessary.