

Case Number:	CM15-0068658		
Date Assigned:	04/16/2015	Date of Injury:	01/08/2015
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 January 8, 2015. The injured worker reported back pain. The injured worker was diagnosed as having lumbosacral sprain. Treatment and diagnostic studies to date have included home exercise. A progress note dated February 6 2015 provides the injured worker complains of increased back pain rated 6/10 at baseline and 8/10 at worst. Physical exam notes no weakness, numbness or tingling. He ambulates with non-antalgic gait, can toe and heel walk and squat and stand without difficulty. There is tenderness of the lumbar and sacroiliac area on palpation. The plan includes physical therapy home exercise and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: 2 times a week for 3 weeks (6 sessions) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Low Back/Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 68-69.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted QME report dated 10/21/2014 indicated the worker was experiencing lower back pain. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program or supporting the requested trials of other treatments in that setting. In the absence of such evidence, the current request for an additional six physical therapy sessions for the lower back done twice weekly for three weeks is not medically necessary.