

Case Number:	CM15-0070421		
Date Assigned:	04/17/2015	Date of Injury:	10/09/2007
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/13/2015

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:

This 58-year-old female sustained an industrial injury to the low back on 2/4/13. Previous treatment included magnetic resonance imaging, physical therapy and medications. In a PR-2 dated 2/26/15, the injured worker noted increasing discomfort across her back and down her left buttock with occasional radiation down the left lower extremity. The injured worker rated her pain 7-8/10 on the visual analog scale on a bad day. The physician noted that the injured worker had not had any recent physical therapy. The injured worker reported that past physical therapy was helpful. Physical exam was remarkable for a normal gait, tenderness to palpation over the lumbar spine especially towards the left sacroiliac joint with normal strength, sensation, straight-line gait, positive Gaenslin, and compression tests. Current diagnoses included low back pain and sacroiliac joint pain. The treatment plan included continuing medications (Diclofenac and Lidipro), a moist heating pad and physical therapy twice a week for six weeks. Notes indicate that the patient has undergone at least 10 therapy sessions thus far. A progress report dated November 2014 recommends additional therapy for range of motion and strength. Physical examination findings identify normal strength, normal gait, and no range of motion measurements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks, in treatment of the lower back Qty: 12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines Page(s): 12.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. 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, when added to the previously provided therapy visits, the request exceeds the amount of PT recommended by ODG for this patient's diagnosis 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.