

Case Number:	CM15-0070595		
Date Assigned:	04/20/2015	Date of Injury:	10/18/1991
Decision Date:	05/19/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/14/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on 10/18/1991. According to a progress report dated 03/17/2015, the injured worker reported overall increased dysfunction and pain. Pain and function were worsened. Her back had flared up recently on several different occasions. Treatment to date has included MRI, physical therapy and medications. Diagnoses included sprain of lumbar region, late effects sprain/strain, myalgia and myositis. Treatment plan included 6 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134, Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early

phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back myositis/myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the worker had completed multiple supervised physical therapy sessions, including 6 recent sessions to help treat a flare-up of low back pain. However, at this point in her treatment, regardless of having a future flare-up or not, she should be able to perform home exercises as was instructed to her during her previous sessions. There was no evidence presented which suggested that she was not able to perform home exercises to warrant additional sessions under supervision. Therefore, the request for 6 physical therapy sessions will be considered not medically necessary.