

Case Number:	CM15-0070660		
Date Assigned:	04/20/2015	Date of Injury:	02/27/2012
Decision Date:	05/19/2015	UR Denial Date:	03/16/2015
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: 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:

The injured worker is a 51 year old female, who sustained an industrial injury on 02/27/2012. She reported slipping on a wet surface causing her to fall backward. Upon falling the injured worker tried to catch herself on a shelf behind her causing her to bend her body in an awkward manner sustaining immediate pain to the back. The injured worker was diagnosed as having right lumbar radiculopathy, chronic pain status post lumbar fusion, right sacroiliac dysfunction, lumbar facet arthropathy, lumbar myofascial strain, and lumbago. Treatment to date has included computed tomography of the lumbar spine, medication regimen, epidural, chiropractic therapy, and Toradol injection. In a progress note dated 02/17/2015 the treating physician reports complaints of aching, stabbing low back pain that is rated a seven out of ten on the pain scale with radiation of stabbing pain from the back to the right knee. The treating physician requested physical therapy two times a week times eight weeks for lumbar stabilization with modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen sessions of physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 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 no indication that the patient has undergone physical therapy previously. Additionally, the patient has subjective complaints and objective findings that have not been resolved despite conservative treatment. The use of physical therapy would therefore be reasonable. Guidelines recommend a short course of 6-visits as an initial trial. Additional therapy may be recommended based upon documentation of objective functional improvement and ongoing objective treatment goals. Unfortunately, the current request exceeds the maximum number recommended by guidelines as a trial, and there is no provision to modify the current request. As such, the current request for 16 sessions of physical therapy is not medically necessary.