

Case Number:	CM15-0072157		
Date Assigned:	04/22/2015	Date of Injury:	02/02/2015
Decision Date:	06/19/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/15/2015

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 61-year-old male with an industrial injury dated 2/02/2015. The injured worker's diagnoses include lumbar strain. Treatment consisted of physical therapy and periodic follow up visits. In a progress note dated 3/05/2015, the injured worker reported low back pain. Objective findings revealed tenderness to palpitation of the right lower back and steady gait. The treating physician prescribed services for outpatient additional physical therapy for the lumbar spine consisting of hot/cold packs, work conditioning, and comprehensive physical therapy re- evaluation, three times weekly for three weeks now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical therapy for the lumbar spine consisting of hot/cold packs, work conditioning, and comprehensive physical therapy re-evaluation, three times weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. 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, outpatient additional physical therapy to the lumbar spine consisting of hot/cold packs, work conditioning, and comprehensive reevaluation physical therapy three times per week times three weeks is 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 exceed the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnosis is lumbar strain. The injured worker received six physical therapy initial visits. The treating provider requested an additional 9 visits. The guidelines recommend 10 visits over eight weeks for lumbar sprains and strains. The request for an additional 9 physical therapy sessions exceeds the recommended guidelines. Additionally, the ACOEM does not recommend passive physical modalities such as heat/cold applications. The utilization review physician modified the request for 9 additional physical therapy sessions to #4 (total #10). Consequently, absent compelling clinical documentation with evidence of objective functional improvement and compelling clinical evidence indicating additional physical therapy over and above the recommended guidelines (10 visits over eight weeks), outpatient additional physical therapy to the lumbar spine consisting of hot/cold packs, work conditioning, and comprehensive reevaluation physical therapy three times per week times three weeks is not medically necessary.