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| Case Number: | CM15-0075744 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 08/20/2014 |
| Decision Date: | 05/27/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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 43 year old male, who sustained an industrial/work injury on 8/20/14. He reported initial complaints of back pain. The injured worker was diagnosed as having L4-5 degenerative disc disease with annular tear. Treatment to date has included medication, work restrictions, and physical therapy (13 sessions). Currently, the injured worker complains of low back pain that was improving with therapy. Per the primary physician's progress report (PR-2) on 2/27/15, more physical therapy was requested and also epidural injections. Examination revealed moderate tenderness to palpation to the lumbar paraspinals, no increased pain with percussion, range of motion is 75% of normal, and normal straight leg raise, motor strength, and negative clonus. The requested treatments include additional physical therapy for the lumbar spine, six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the lumbar spine, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 75-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy of the lumbar spine, 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, a progress note in 1/2015 documented the patient has completed 12 sessions of physical therapy for lower back with good improvement. However, there is rationale provided for additional physical therapy, and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for physical therapy is not medically necessary.