

Case Number:	CM15-0076824		
Date Assigned:	04/28/2015	Date of Injury:	02/07/2014
Decision Date:	05/28/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 52 year old male, who sustained an industrial injury on February 7, 2014. He reported that when he was bending over to pick up a large bag he felt a discomfort in his lower back with radiation to his right lower extremity. The injured worker was diagnosed as having lumbar radiculitis, sciatica, lumbar disc degeneration, and chronic pain syndrome. Treatment to date has included physical therapy, MRI, and medication. Currently, the injured worker complains of back pain and right lateral lower extremity numbness. The Treating Physician's report dated April 3, 2015, noted the injured worker's current medications included Norco, Ibuprofen, and Biofreeze ointment. Physical examination was noted to show positive thigh thrust and FABER bilaterally reproducing low back pain, positive sacroiliac joint compression test on the right reproducing low back pain. Tenderness was noted over the right lumbar paraspinals and right SI joint, less over the left side. A MRI was noted to show a right-sided disc herniation at L5-S1 causing right S1 nerve root impingement with degenerative disc bulging at L4-L5 and L3-L4. The treatment plan included a recommendation for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back Procedure Summary Online Version last updated 03/24/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical therapy, physical medicine Page(s): 98-99.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate that the patient had previous PT as of 5-9-14, but the medical records fail to document the results of his initial trial. As such, the request for Physical therapy 2 times a week for 6 weeks to the lumbar spine is not medically necessary.