

Case Number:	CM15-0090371		
Date Assigned:	05/14/2015	Date of Injury:	01/05/2015
Decision Date:	07/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 30 year old male sustained an industrial injury to the low back on 1/5/15. Previous treatment included physical therapy (six sessions), acupuncture and medications. Magnetic resonance imaging lumbar spine showed a central disc protrusion at L5-S1 without significant compression. In an initial evaluation dated 4/9/15, the injured worker complained of back pain with radiation down the leg. The injured worker reported that previous physical therapy helped him. Physical exam was remarkable for tenderness to palpation over the lumbosacral junction with mildly decreased range of motion, 5/5 lower extremity strength and intact sensation. Current diagnoses included lumbar spine sprain/strain with small disc protrusion. The physician recommended additional physical therapy three times a week for four weeks and modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the 04/09/15 progress report provided by treating physician, the patient presents with low back pain. The request is for PHYSICAL THERAPY 3 X 4. RFA with request not provided. Patient's diagnosis on 04/19/15 included lumbar sprain with small disc protrusion. Physical examination to the lumbar spine on 04/09/15 revealed tenderness to palpation to the paraspinal muscles and slightly decreased range of motion in all planes. Treatment to dated included imaging studies, acupuncture, physical therapy and medications. Patient's medications include Ibuprofen and Orphenadrine Citrate. The patient is on modified duty, per 04/09/15 report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. " Per 04/09/15 report, treater states "I would recommend some more therapy three times a week for four weeks for [the patient] to see if this will help him." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, per physical therapy notes from 02/11/15 - 03/05/15, the patient has attended 6 sessions. In this case, treater has not documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, nor a reason the patient is unable to transition into a home exercise program. Furthermore, the request for additional 12 sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.