

Case Number:	CM15-0097190		
Date Assigned:	05/27/2015	Date of Injury:	03/24/2014
Decision Date:	06/29/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/20/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 25 year old female injured worker suffered an industrial injury on 03/24/2014. The diagnoses included lumbar muscle strain. The injured worker had been treated with physical therapy and medications. On 4/17/2015, the treating provider reported 10% to 15% better. She still had left low back pain. Physical examination of the lumbar spine revealed limited range of motion. The treatment plan included additional Physical therapy. The patient had received 18 PT and 6 chiropractic visits for this injury. The patient sustained the injury due to lifting heavy weight. The medication list include Relafen, Cyclobenzaprine, Advil and Ibuprofen. The patient had received lumbar median branch block. Per the doctor's note dated 4/28/15 patient had complaints of low back pain. Physical examination of the low back revealed mild discomfort in ROM, and normal neurological examination. The patient has had MRI of the lumbar spine on 8/18/14 that revealed disc bulge without foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 4 additional visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: Request: Physical therapy x 4 additional visits. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received 18 PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy x 4 additional visits is not fully established for this patient.