

Case Number:	CM13-0042735		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2013
Decision Date:	10/13/2015	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/31/2013

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: Emergency 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:

This 54 year old female sustained an industrial injury on 2-02-13. Diagnoses include lumbar stenosis. Treatments to date include MRI testing, at least 3 sessions of physical therapy and prescription pain medications. The injured worker has continued complaints of low back pain. The injured worker has remained off work. A lumbar MRI dated May 4, 2013 reveals degenerative disc disease and facet arthropathy at multiple levels. Upon examination, there was tenderness to palpation noted over the bilateral lumbar paraspinals and left piriformis joint. Lumbar ranges of motion were reduced. Back pain ranges from 0 to 7 out of a scale of 10. The treating physician made a request for Physical Therapy (unspecified quantity of sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (unspecified quantity of sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The requested Physical Therapy (unspecified quantity of sessions), is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has low back pain. The injured worker has remained off work. A lumbar MRI dated May 4, 2013 reveals degenerative disc disease and facet arthropathy at multiple levels. Upon examination, there was tenderness to palpation noted over the bilateral lumbar paraspinals and left piriformis joint. Lumbar ranges of motion were reduced. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy (unspecified quantity of sessions) is not medically necessary.