

Case Number:	CM14-0138983		
Date Assigned:	09/05/2014	Date of Injury:	05/03/2013
Decision Date:	04/17/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/27/2014

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: Massachusetts

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 (IW) is a 30-year-old male who sustained an industrial injury on 05/03/2013. He reported low back pain that radiated to the left leg. The injured worker was diagnosed as having lumbosacral strain. Treatment to date has included a diagnostic MRI, non-steroidal anti-inflammatory medications, acupuncture and 8 sessions of physical therapy. Currently, the injured worker complains of pain with radicular symptoms rated a 6-7 /10 and on average a 4/10. A request for authorization was made for 4 Additional Physical Therapy Visits Lumbar Spine, 2 x 2 week

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Additional Physical Therapy Visits Lumbar Spine, 2 x 2 week: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT).

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for radiating low back pain. Treatments have included 8 sessions of physical therapy with the requesting provider documenting improvement in gait but with ongoing pain. In terms of physical therapy for lumbar radiculitis, guides recommend up to 12 physical therapy treatments over an 8 week prior of time. In this case, the claimant completed 8 treatment sessions with partial improvement. The additional physical therapy requested is within guideline recommendations and therefore medically necessary.