

Case Number:	CM14-0143143		
Date Assigned:	09/10/2014	Date of Injury:	11/08/2012
Decision Date:	04/21/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 39 year old male, who sustained an industrial injury on November 8, 2012. The injured worker was diagnosed as having L5-S1 annular tear and L2-L3 disc dissection. Treatment to date has included Medrol dose pak, Magnetic resonance imaging and prior physical therapy. Currently, the injured worker complains of lumbar pain. In a progress note dated August 15, 2014, the treating provider reports the plan of care is injection with unknown medication the record is hand written and not all legible, pain control, recheck in four weeks and authorization 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 X 6, Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Low Back - Physical Therapy.

Decision rationale: Guidelines recommend up to 10 sessions of supervised physical therapy as adequate for persistent low back pain. This has proved to be adequate provide instruction in appropriate follow thru exercising and self protective behaviors. It is documented that this individual has had prior physical therapy plus the recent request exceeds the amount of therapy recommended in total. A few sessions to invigorate a self directed program may be reasonable, but the request for 2wk for 6 weeks is not supported by Guidelines and is not medically necessary.