

Case Number:	CM14-0070738		
Date Assigned:	03/09/2015	Date of Injury:	10/29/2007
Decision Date:	05/01/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/16/2014

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 37 year old male who sustained an industrial injury on 10/29/2007. He reported chronic low back pain status post posterior lumbar fusion surgery in 2009. The injured worker was diagnosed as having sprain lumbar region, lumbago. Treatment to date has included back surgery of the lumbar spine, and pain management. Currently, the injured worker complains of chronic low back pain. The plan of treatment is to request physical therapy three times a week for four weeks as the patient relates he is not interested in a spinal cord stimulator, and recommending him to continue pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week x4 weeks for 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 Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Low Back Lumbar & Thoracic (Acute & Chronic) Physical therapy.

Decision rationale: The claimant is more than seven years status post work-related injury and continues to be treated for low back pain. Treatments have included a lumbar fusion in 2009. Being requested is a physical therapy for the treatment of lumbago. Guidelines recommend a fewer number of treatment for this diagnosis. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.