

Case Number:	CM15-0000206		
Date Assigned:	01/09/2015	Date of Injury:	03/03/2014
Decision Date:	03/09/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/02/2015

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: 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 is a 51 year old male, who sustained an industrial injury on March 3, 2014. He has reported low back pain. The diagnosis is facetogenic left lower back pain. Treatment to date has included physical therapy and oral medication. Currently, the IW complains of continued low back pain with tenderness and decreased range of motion (ROM). There is also spasm and guarding noted of the low back. He has pain radiating down the left leg with prolonged sitting. He has completed 7 of 8 physical therapy sessions and is noted to be making progress. On December 11, 2014 Utilization Review non-certified a request for physical therapy for lumbar spine quantity 8, noting the lack of documentation of functional improvement in previous therapy. The Medical Treatment Utilization Schedule (MTUS) were cited. On December 29, 2014, the injured worker submitted an application for IMR for review of physical therapy for lumbar spine quantity 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant sustained a work-related injury more than one year ago and continues to be treated for low back pain. Treatments have included physical therapy, chiropractic care, and medications. The treating provider documents some progress after attending seven of eight planned treatment sessions. The claimant is being treated for chronic pain as described above and has already had physical therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude him from performing such a program. Therefore the requested additional physical therapy was not medically necessary.