MAXIMUS Federal Services

Case Number:	CM15-0005872		
Date Assigned:	01/26/2015	Date of Injury:	06/08/2012
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male who sustained an industrial injury, reported on 6/8/2012. He has reported radiating low back pain. The diagnoses have included pain in the thoracic spine; lumbar radiculopathy. Treatments to date have included consultations; diagnostic and imaging studies; epidural steroid injection therapy; back brace; physical therapy; aquatic therapy; and medication management. The status classification for this injured worker (IW) was not noted. On 12/30/2014 Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/22/2014; 8 physical therapy sessions. The Medical Treatment Utilization Schedule, chronic pain, physical medicine, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x8: 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 rationale: This patient presents with lower back pain. The treater has asked for PHYSICAL THERAPY X 8 on 12/22/14 . The patient is currently in physical therapy and states that it is helpful, with 30% improvement per 8/26/14 report. According to physical therapy note dated 8/5/14, the patient has completed 4 out of 6 sessions. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias.In this case, the patient had 4 sessions of recent sessions of physical therapy with 30% improvement, and is currently in physical therapy. A short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested additional sessions of therapy. In additional to the completed 4 sessions, the requested additional 8 sessions exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.