

Case Number:	CM15-0006463		
Date Assigned:	01/26/2015	Date of Injury:	05/15/2006
Decision Date:	03/23/2015	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, Arizona

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 41-year-old female who reported an injury on 05/15/2006. The mechanism of injury involved heavy lifting. The current diagnosis is status post anterior and posterior fusion from L3 through S1 in 2012. The injured worker presented on 12/15/2014 with complaints of mid back pain, low back pain, and right lower extremity numbness. Upon examination, there was relatively good strength in the bilateral lower extremities with subjective numbness into the right foot. Recommendations at that time included acupuncture and physical therapy for the mid back. A Request for Authorization form was then submitted on 12/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. For unspecified myalgia and myositis, treatment includes 9 to 10 visits over 8 weeks. For unspecified neuralgia, neuritis, and radiculitis, treatment includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy would exceed guideline recommendations. There is also no documentation of objective functional improvement following the initial course of treatment. Given the above, the request is not medically necessary.