

Case Number:	CM15-0006899		
Date Assigned:	02/20/2015	Date of Injury:	07/21/2014
Decision Date:	04/06/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/13/2015

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 59 year old male, who sustained an industrial injury on July 21, 2014. He has reported low back pain greater on the right than left with radiating pain to the left buttock and lower extremities, right worse than left, with associated burning, numbness, pain, tingling and soreness. The diagnoses have included lumbar sprain and strain, degeneration of the lumbosacral intervertebral discs and degeneration of the lumbar intervertebral disc. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of low back pain greater on the right than left with radiating pain to the left buttock and lower extremities, right worse than left, with associated burning, numbness, pain, tingling and soreness. The injured worker reported an industrial injury in 2014, resulting in the above described pain. He was treated conservatively with pain medications, physical therapy and acupuncture therapy. Evaluation on January 6, 2015, revealed continued pain. She had completed physical therapy at a different date. It was noted she had a previous work injury on 1999. On January 9, 2015, Utilization Review non-certified a request for Physical therapy twice a week for three weeks for the lumbar spine , noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of requested Physical therapy twice a week for three weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for three weeks for the lumbar spine: Upheld

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

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

Decision rationale: This patient presents with bilateral low back pain. The treater is requesting PHYSICAL THERAPY TWICE A WEEK FOR 3 WEEKS FOR THE LUMBAR SPINE. The RFA dated 01/06/2015 shows a request for 6 sessions of physical therapy 2 times 3 weeks. The patient's date of injury is from 07/21/2014, and he is currently not working. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient is not post-surgery. The 01/05/2015 physical therapy report shows visit #10. The patient states that the cold weather increased his pain. The patient is not responding to therapy and will benefit with a specialist consult at this time. The 01/06/2015 progress report notes that the patient has recently received 18 sessions of physical therapy with mild improvement. In this case, the patient has received some 18 sessions of physical therapy recently with no significant benefit. The request IS NOT medically necessary.