

Case Number:	CM15-0007530		
Date Assigned:	01/22/2015	Date of Injury:	01/18/2011
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
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, Washington

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 58-year-old female who reported an injury on 01/18/2011. The mechanism of injury was not provided. Her diagnoses included low back pain with radicular symptoms and disc protrusion with spinal stenosis at L4-5. Past treatment was noted to include Norco. On 12/26/2014, it was indicated that the injured worker had complaints of back pain. Upon physical examination, it was indicated the injured worker had tenderness to the paravertebral muscles at the lower lumbar region and a positive straight leg raise. Relevant medications were noted to include Norco. The treatment plan is noted to include transforaminal epidural steroid injection. A request was received for physical therapy two times a week for three weeks for the lumbar spine without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two Times A Week For Three Weeks For The 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 Page(s): 98-99.

Decision rationale: According to the California MTUS Guidelines, physical medicine is recommended to restore function such as range of motion and motor strength. The guidelines indicate no more than 10 visits should be necessary unless exceptional factors are notated. The clinical documentation submitted for review did not indicate quantitative objective findings regarding decreased range of motion and motor strength to the injured worker's lumbar spine. It was also not indicated if the injured worker had participated in previous physical therapy and if so what the outcome and how many sessions she participated in. Consequently, the request is not supported by the evidence based guidelines. As such, the request for physical therapy two times a week for three weeks for the lumbar spine is not medically necessary.