

Case Number:	CM15-0009967		
Date Assigned:	02/02/2015	Date of Injury:	05/13/2014
Decision Date:	03/25/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/16/2015

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: Preventive Medicine, Occupational Medicine

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 (IW) is a 46 year old female, who sustained an industrial injury on May 13, 2014. She has reported low back pain radiating to the back of the legs and was diagnosed with displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, pain medications, work restrictions and treatment modalities. Currently, the IW complains of continued low back pain with associated pain in the lower extremities. The injured worker reported an industrial injury in 2014, resulting in low back and lower extremity pain. She was noted to have tried conservative therapies without resolution of pain. On December 16, 2014, evaluation revealed continued pain as previously described. It was noted the option of epidural steroid injection was discussed. Pain medications were renewed. On December 26, 2014, Utilization Review non-certified a request for Physical therapy 2 x 4 for the lumbar spine, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of requested Physical therapy 2 x 4 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 2 x 4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified receive 9-10 visits over 8 weeks. The injured worker has had physical therapy previously with report of no benefit. Continued therapy without evidence of benefit from prior therapy is not recommended by the MTUS Guidelines. The request for physical therapy 2 x 4 for the lumbar spine is determined to not be medically necessary.