

Case Number:	CM15-0102140		
Date Assigned:	06/04/2015	Date of Injury:	11/02/2012
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

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 71 year old male who sustained an industrial injury on November 2, 2012. He has reported low back pain and has been diagnosed with spondylosis lumbosacral. Treatment has included medications and injection. Physical examination noted an antalgic gait. There was no edema or tenderness observed in any extremity. There was normal muscle tone without atrophy in all extremities. It is noted that the injured worker was to start physical therapy. The treatment request included physical therapy 6 sessions for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lower back (6 sessions): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in November 2012 and continues to be treated for low back pain. When seen, he had attended 12 physical therapy sessions with improvement. There was lumbar spine muscle spasm with guarding. The claimant is being treated for chronic pain. There is no new injury. He has had physical therapy and compliance with an independent exercise program would be expected. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of the number of additional visits being requested, this is in excess of what would be expected to be needed to finalize or revise the claimant's home exercise program. The request is not medically necessary.