

Case Number:	CM15-0105183		
Date Assigned:	06/09/2015	Date of Injury:	11/06/2014
Decision Date:	07/15/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	06/01/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 31 year old male, who sustained an industrial injury on November 6, 2014, incurring back injuries after a fall. He was diagnosed with lumbar sprain, lumbar radiculopathy, thoracic sprain and thoracic myospasm. Treatment included physical therapy, chiropractic sessions, back bracing, back traction, massage therapy, muscle relaxants, anti-inflammatory drugs, pain medications, analgesic compound cream and work restrictions. Currently, the injured worker complained of occasional sharp, stabbing low back pain and stiffness radiating to the right leg with muscle spasms, associated with cold weather, movement, repetitive movement, prolonged sitting and repetitive bending. Range of motion was noted to be limited and painful. The treatment plan that was requested for authorization included physical therapy sessions 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 Lumbar 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 1. Decision based on Non-MTUS Citation chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: This patient was diagnosed with a lumbar/thoracic sprain after a fall. He has completed 13 sessions of physical therapy with no functional improvement. CA MTUS Chronic Pain Treatment Guidelines state that if a patient complaint persists; the Physician needs to reconsider the diagnosis to decide whether or not specialty consultation is necessary. In this case, no rationale or goals for continued physical therapy have been presented, especially in view of its previous failure. Therefore, the request is deemed not medically necessary at this time.