

Case Number:	CM15-0106294		
Date Assigned:	06/10/2015	Date of Injury:	02/14/2015
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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 27 year old male, who sustained an industrial injury on 02/14/2015 during a motor vehicle accident. He has reported subsequent low back, neck and head pain and was diagnosed with lumbar sprain/strain, cervical sprain, closed head injury with loss of consciousness, post-traumatic headache and blurred vision. Treatment to date has included oral pain medication, acupuncture, physical therapy and chiropractic therapy. In a doctor's first report of illness or injury dated 04/27/2015, the injured worker complained of persistent low back pain that increased when lying down. Objective findings were notable for reduced range of motion of the cervical, thoracic and lumbar spine, tenderness to palpation over the entire spine, positive facet loading, positive straight leg raise on the left and positive Spurling's test on the left. A request for authorization of 6 physical therapy visits for the neck and low back was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) physical therapy (PT) visits for neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181-183, Table 8-8; 308-310, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines, Lumbar sprains and strains.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in February 2015 due to a motor vehicle accident. He continues to be treated for ongoing low back pain. Treatments have included acupuncture, chiropractic care and completion of 6 physical therapy sessions without apparent benefit. When seen, there was decreased spinal range of motion with multilevel tenderness and positive Spurling's and straight leg raising. Lumbar facet loading was positive. The claimant is being treated for a lumbar strain. Guidelines recommend up to 10 visits over 8 weeks for this condition. In this case, the number of visits being requested is in excess of that recommended or what would be needed to finalize a home exercise program. The request is not medically necessary.