

Case Number:	CM15-0107131		
Date Assigned:	06/11/2015	Date of Injury:	11/29/2012
Decision Date:	07/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/03/2015

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 53 year old female, who sustained an industrial injury on 11/29/12. She reported a back injury after slipping on a wet floor. The injured worker was diagnosed as having low back pain and lumbar radiculopathy. Treatment to date has included ice, heat, narcotics, NSAIDS, physical therapy, home exercise program and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine was performed on 2/24/15. Currently, the injured worker complains of bilateral low back pain with radiation to bilateral lower extremities and rated 4/10. She is currently working on modified duties. Physical exam noted paralumbar spasm and tenderness to palpation with restricted range of motion. The treatment plan included continuation of physical therapy, possible epidural steroid injections and (EMG) Electromyogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

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

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 November 2012 and continues to be treated for low back pain with bilateral lower extremity radicular symptoms. Treatments have included recent physical therapy. When seen, she had completed at least six therapy treatment sessions. Home exercises for range of motion and strengthening were recommended. Physical examination findings included tenderness with muscle spasms and right sciatic notch and facet joint tenderness. In this case, the claimant has recently had physical therapy. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. Therefore, additional physical therapy is not medically necessary.