

Case Number:	CM15-0015845		
Date Assigned:	02/03/2015	Date of Injury:	05/06/2009
Decision Date:	04/07/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female, who sustained a work injury of a slip and fall on 5/6/09. She has reported symptoms of chronic pain in the lumbar spine with radiation to the bilateral lower extremities. Prior medical history was negative. Surgical history included L5-S1 discectomy. The diagnoses have included lumbar radiculopathy, post laminectomy syndrome, and radial styloid tenosynovitis. Treatment to date has included diagnostics, medication, chiropractic care, psychological evaluation, and home exercise program. Physical exam from 6/7/13 revealed spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension, decreased sensation in L4-L5 dermatomal distributions bilaterally. On 12/5/14 there was an exacerbation of the pain. Medication included Norco, Anaprox, and Soma. A request was made for physical therapy for strengthening, and improving the range of motion. On 12/31/14, Utilization Review non-certified Physical Therapy 1 x week x 12 weeks to Lumbar Spine, noting the Official Disability Guidelines (ODG), Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy to lumbar spine 1x 12weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 98-99 recommends transition to active independent home rehabilitation. The treatment guidelines anticipate that this patient would have transitioned to such an active independent rehabilitation program in the current timeframe. The records and guidelines do not provide a rationale instead for additional supervised therapy. Therefore, this request is not medically necessary.