

Case Number:	CM15-0130283		
Date Assigned:	07/16/2015	Date of Injury:	02/17/2014
Decision Date:	08/12/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 54 year old female, who sustained an industrial injury on 2/17/2014. She reported a slip and fall with injury to the low back. Diagnoses include lumbar sprain/strain. Treatments to date include activity restriction, medication therapy, chiropractic therapy, and lumbar steroid epidural injection/nerve block. Currently, she complained of ongoing low back pain rated 4/10 VAS. On 5/29/15, the physical examination documented decreased lumbar range of motion and right side positive facet loading. The plan of care included chiropractic therapy. The treating diagnoses included lumbar disc herniation, facet arthropathy, status post medial branch nerve block with excellent relief. The appeal request was to authorize physical therapy twice a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week times three weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Physical therapy two times a week times three weeks for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior low back PT sessions the patient has had; why she is unable to perform an independent home exercise program; and the outcome of her prior lumbar PT. Without clarification of this information the request for outpatient physical therapy for the low back is not medically necessary.