

Case Number:	CM15-0131065		
Date Assigned:	07/17/2015	Date of Injury:	07/05/1991
Decision Date:	08/13/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/07/2015

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:

This 59 year old man sustained an industrial injury on 7/5/1991. The mechanism of injury is not detailed. Diagnoses include chronic back pain. Treatment has included oral medications and physical therapy. Physician notes dated 1/30/2014 show complaints of chronic back pain with rare tickling into the feet rated 2-5/10. The worker states that he feels he is improving. Recommendations include continue physical therapy and continue home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times six for the lower back area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 (3) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant has a remote history of a work injury occurring in July 1991 and continues to be treated for low back pain. He had more than 20 physical therapy treatment sessions as of April 2014 including instruction in a home exercise program with which he was compliant. In April and May 2015 another 8 treatment sessions were completed. When seen, he was slowly improving. An additional 12 physical therapy treatments were requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy more than once including instruction in a home exercise program with documented compliance. Patients are expected to continue active therapies and continued compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.