

Case Number:	CM15-0132022		
Date Assigned:	07/20/2015	Date of Injury:	07/03/2014
Decision Date:	08/14/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/08/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 46 year old man sustained an industrial injury on 7/3/2014. The mechanism of injury is not detailed. Evaluations include undated electromyogram and MRIs. Diagnoses include thoracic and lumbar compression fractures and left lower extremity weakness. Treatment has included oral medications, physical therapy, and use of a cane. Physician notes on a PR-2 dated 5/15/2015 show complaints of low back pain rated 5/10 with left lower extremity weakness. Recommendations include additional physical therapy and follow up in two to three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 6 sessions, lumbar & thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The requested additional physical therapy 6 sessions, lumbar & thoracic spine, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has low back pain rated 5/10 with left lower extremity weakness. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Additional physical therapy 6 sessions, lumbar & thoracic spine is not medically necessary.