

Case Number:	CM15-0132939		
Date Assigned:	07/21/2015	Date of Injury:	12/09/2014
Decision Date:	08/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 34-year-old male who sustained an industrial injury on December 9, 2014. He has reported injury to the low back and has been diagnosed with lumbar strain, right lower extremity pain, and MRI of the lumbar spine indicates he has spondylosis at L5 without spondylolisthesis by patient report only. Treatment has included medications and heat. On examination, his lumbar was tender with limited motion. Straight leg was positive at 30 degrees on the right. He had right L5 weakness with a weak extensor. The treatment request included physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine, three times a week for three weeks: Upheld

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

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

Decision rationale: CA MTUS guidelines recommend 8-10 sessions of physical therapy (PT) for myalgias and myositis. In this case, the patient underwent treatment with medication, activity modification and four sessions of physical therapy. The PT was ineffective. No rationale is given as to why a home exercise program could not be utilized in this patient. In addition, since previous PT was ineffective, it is unlikely that additional PT at this time would be efficacious. No rationale is given for deviation from the guidelines, therefore this request is deemed not medically necessary.