

Case Number:	CM15-0138281		
Date Assigned:	07/28/2015	Date of Injury:	03/10/2015
Decision Date:	08/31/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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 49 year old male, who sustained an industrial injury on 3/10/15. The injured worker was diagnosed as having degenerative disc disease at L3-S1, mechanical low back pain due to facet disease, spinal stenosis, anterolisthesis of L5 on S1 without reported pars defect, and chronic morbid obesity. Treatment to date has included a discogram, spinal injections, physical therapy, and medication. Physical examination findings on 6/30/15 included moderate lumbar paraspinal muscle spasm bilaterally, diffuse spinal and paraspinal tenderness, and a straight leg raise test was negative. Currently, the injured worker complains of low back and bilateral leg pain. The treating physician requested authorization for physical therapy x 12 to 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 x 12 to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: CA MTUS Guidelines state that active physical therapy (PT) is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, endurance, strength, function, ROM and alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the patient had a prior course of PT for a "short while." The number of treatments is not documented in the records. He should be performing a home exercise program; however this is not documented either. The records do not document evidence of significant functional deficit that would support the necessity of continued supervised PT. There are no extenuating medical circumstances that would support continuing PT. Therefore the request is not medically necessary.