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| Case Number: | CM15-0142898 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 06/17/2009 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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 67 year old male, who sustained an industrial injury on 6-17-09. He reported pain in his lower back and right knee. The injured worker was diagnosed as having thoracic lumbar spine myofascial syndrome with bilateral sciatica right greater than the left. Treatment to date has included a home exercise program, Tylenol and Lidocaine patch. On 2-23-15 the injured worker reported a flare up of back pain due to colder weather. The treating physician noted a positive straight leg raise test and tenderness at L5-S1. As of the PR2 dated 6-8-15, the injured worker reports cervical, thoracic and lumbar spine tightness that radiates into his shoulders. The treating physician noted tenderness at L5-S1 and spasms. The treating physician requested physical therapy 3x weekly for 6 weeks 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 - lumbar spine three times six: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy - lumbar spine three times six 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 he is unable to perform an independent home exercise program; and the outcome of prior lumbar PT. Furthermore, the request for 18 more lumbar spine PT sessions exceeds the MTUS recommendations. For all of these reasons the request for outpatient physical therapy for the low back is not medically necessary.