

Case Number:	CM15-0147597		
Date Assigned:	08/11/2015	Date of Injury:	04/19/2014
Decision Date:	09/09/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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:

The injured worker is a 48 year old female, who sustained an industrial injury on April 19, 2014. The injured worker reported lifting heavy boxes resulting in low back pain. The injured worker was diagnosed as having lumbosacral myoligamentous strain-sprain, discogenic mechanical low back pain and right lumbar radiculitis-radiculopathy. Treatment to date has included physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication. A progress note dated July 1, 2015 provides the injured worker complains of low back pain and right buttock pain radiating down right leg with numbness and weakness. Physical exam notes lumbar tenderness to palpation of light touch and decreased range of motion (ROM). The plan includes electromyogram, nerve conduction study, magnetic resonance imaging (MRI), physical therapy and multi stim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional physical therapy of the lumbar spine 2 times a week for 4 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has unknown number of prior sessions. There is no documentation of any objective improvement from prior PT sessions. The provider has failed to provide any rationale or reasoning for additional sessions except for multiple non-informative quotes from MTUS and ODG with no supporting data. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions are necessary. Additional physical therapy is not medically necessary.