

Case Number:	CM15-0160108		
Date Assigned:	08/28/2015	Date of Injury:	02/24/2015
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male who sustained an industrial injury on 2-24-15. His initial complaint was lower back pain that radiated down to his left lower back. The injury was sustained while lifting heavy boxes at work. The Doctor's First Report of Occupational Injury or Illness, dated 2-25-15, indicates that x-rays were completed on that date. He was diagnosed with lumbar radiculopathy and lumbosacral strain. The treatment recommendation included Hydrocodone-APAP, Cyclobenzaprine, moist heat therapy, and a lumbar-sacral support. The report states that if his condition does not improve, he would be referred to physical therapy. A physical therapy referral was noted for 2-27-15 due to the injured worker "feeling worse". Physical therapy was to improve strength and range of motion. The 3-12-15 PR-2 indicates that the injured worker continued to complain of low back pain, more on the left side of the back. The treatment plan indicates, "Meds and PT have not helped". An MRI was requested to rule out herniated nucleus pulposus. A referral to physical therapy was made on 3-13-15, which was to include electrical stimulation, therapeutic exercise, ultrasound, and TENS electrodes for the lumbar spine. The MRI was scheduled for 3-20-15. No further records are available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation; specifically it is unclear why additional physical therapy was indicated beyond the initial physical therapy prescription, and it is unclear why additional therapy was requested prior to interpreting the results of the patient's MRI LSPINE which was intended to help guide surgical vs. conservative treatment. For these multiple reasons, this request is not medically necessary.