

Case Number:	CM15-0163940		
Date Assigned:	09/01/2015	Date of Injury:	04/02/2014
Decision Date:	10/06/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/21/2015

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 48 year old female, who sustained an industrial injury on 4-2-14. She reported pain in her lower back and legs after being struck by a motor vehicle. The injured worker was diagnosed as having spinal stenosis of lumbar region with neurogenic claudication. Treatment to date has included physical therapy, a bilateral L3, L4 and S1 laminectomy on 6-4-15, a lumbar x-ray and chiropractic treatment. Current medications include Norco, Lyrica, Glipizide, Juvia and Metformin. On 5-26-15 the injured worker rated her pain a 10 out of 10. As of the PR2 dated 6-25-15, the injured worker reports continued low back pain. She rates her pain a 9 out of 10 at worst and 0 out of 10 at best. Objective findings include limited lumbar range of motion and decreased strength in the knees. The treating physician requested physical therapy 2 x 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 2xWk x 6Wks 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. This request is not medically necessary.