

Case Number:	CM15-0165813		
Date Assigned:	09/03/2015	Date of Injury:	05/01/2011
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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 63 year old male, who sustained an industrial injury on 5-1-11. He reported low back pain. The injured worker was diagnosed as having left L5 radiculopathy with electromyographic evidence of mild to moderate associated denervation, lumbar spine radiculopathy right greater than left, lumbar spine sprain or strain with degenerative disc disease at L5-S1, lumbar spine L1-2 disc protrusion, L2-5 neural foraminal narrowing, and L5-S1 disc protrusion with annular tear. Treatment to date has included physical therapy, acupuncture, massage, epidural steroid injections, and medication. Physical examination findings on 7-22-15 included lumbar tenderness to palpation over the right L5-S1 and right sciatic notch. Pain was noted with flexion and decreased sensation was noted to bilateral lower extremities. Currently, the injured worker complains of low back pain and reduced range of motion with radiation of pain down to bilateral feet. The treating physician requested authorization for physical therapy 2x4 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 4wks 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.