

Case Number:	CM15-0190592		
Date Assigned:	10/02/2015	Date of Injury:	02/19/2014
Decision Date:	11/13/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This injured worker is a 60 year old male, who sustained an industrial injury on 02-19-2014. The injured worker was diagnosed as having chronic low back pain, neck pain and knee pain. On medical records dated 07-06-2015, the subjective complaints were noted as having no change in back pain. Objective findings were noted as increased lordosis of lumbar spine. And range of motion decreased with positive straight leg raise on the left. Treatments to date included medication, unknown number of completed session of physical therapy and physical therapy evaluation on 07-21-2015. The injured worker was noted to be not working. Current medications were listed as Amitriptyline, Tramadol and Flexeril. The Utilization Review (UR) was dated 09-24-2015. A Request for Authorization was dated 09-03-2015 for physical therapy for the lumbar spine, twice weekly for six week was submitted. The UR submitted for this medical review indicated that the request for physical therapy for the lumbar spine, twice weekly for six weeks was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, twice weekly for six weeks: 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: 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 with an initial trial of up to 6 sessions. Patient has completed 4 prior sessions with a total of 8 already approved. The provider states that this additional request for PT is for another body part that was not being treated with current ongoing PT. This request alone would far exceed guideline recommendations. 12 Physical Therapy is not medically necessary.