

Case Number:	CM15-0204293		
Date Assigned:	10/21/2015	Date of Injury:	09/24/2014
Decision Date:	12/08/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/19/2015

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 57-year-old male who sustained an industrial injury on 9-24-2014 and has been treated for lumbar disc disorder and radiculopathy. Diagnostic electromyogram and nerve conduction study performed 7-28-2015 is stated in the 9-10-2015 progress note to have had "clear evidence of radiculopathy in the right lower extremity." On 9-10-2015 the injured worker reported low back pain radiating down the right leg which is noted to interfere with his ability to "perform his regular work." Walking provides some relief, but sitting and driving cause "significant increased pain." On 6-9-2015 he had described his back as "very stiff" with intermittent numbness to the right foot. Objective examination revealed tenderness over the right SI joint, lumbar range of motion was noted as "pain-free" extension, but painful limited forward flexion. On 6-9-2015 it was noted that straight leg raising, "especially on the right" was painful. Documented treatment includes chiropractic therapy stated to have been "helpful," 12 physical therapy visits with "temporary relief, and home exercise. The treating physician's plan of care includes an additional 12 sessions of physical therapy, but this was denied on 9-21-2015. He is on work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.