

Case Number:	CM15-0204610		
Date Assigned:	10/21/2015	Date of Injury:	03/25/2011
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 3-25-11. The injured worker was being treated for cervical spine strain-sprain, lumbar spine sprain-strain, 2mm disc bulge with mild facet and ligamentum flavum hypertrophy at L3-4. On 7-20-15 the injured worker complained of low back pain with radiation to left leg and occasional numbness and paresthesia in left thigh associated with low back pain and on 8-31-15, the injured worker complains of persistent low back pain which has improved with physical therapy. He is working full duty. Physical exam performed on 7-22-15 revealed tenderness to palpation over the lumbar spine, sprain and spasm with range of motion of lumbar spine, positive straight leg raising with radiation into left thigh and on 8-31-15 revealed positive straight leg raise and localized low back pain. Treatment to date has 5 out of 6 sessions of physical therapy which has helped much, Tramadol 50mg and activity modifications. Physical therapy records were not submitted with documentation for review. The treatment plan included request for additional 6 sessions of physical therapy and prescription for Tramadol 50mg. On 9-16-15 request for 6 additional sessions of physical therapy was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy, lumbar spine, 2 times weekly for 3 weeks, 6 sessions: Upheld

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

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. The request is not medically necessary.