

Case Number:	CM15-0209402		
Date Assigned:	10/28/2015	Date of Injury:	02/19/2015
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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, Hawaii

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:

This injured worker is a 60 year old male, who sustained an industrial injury on 02-19-2015. The injured worker was diagnosed as having low back pain, lumbosacral radiculopathy and L5-S1 isthmic spondylolisthesis. On medical records dated 09-09-2015 and 09-16-2015, the subjective complaints were noted as back and left leg greater than right leg. Objective findings were noted as restricted range of motion of lumbar spine and straight leg raise was positive. Treatments to date included physical therapy, acupuncture, injections and medication. The injured worker was noted to be temporarily totally disabled. The provider recommended surgical intervention. Current medications were listed as Tylenol with codeine, Tramadol, Omeprazole and sleep medication. The Utilization Review (UR) was dated 09-29-2015. A Request for Authorization was dated 09-16-2015. The UR submitted for this medical review indicated that the request for outpatient physical therapy two (2) times a week for six (6) weeks for the lumbar spine was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy two (2) times a week for six (6) weeks for the lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The patient presents with low back pain. The current request is for outpatient physical therapy two times a week for six weeks for the lumbar spine. The treating physician states, in a RFA report dated 09/16/15, "Land Physical Therapy 2 x a week for 6 weeks." The MTUS guidelines provide a total of 8-10 sessions for patients with myalgia and neuritis type symptoms and then the patient is expected to continue on with a home exercise program. In this case, the treating physician has prescribed treatment in excess of the MTUS guidelines and there is no documentation to support treatment in excess of the guideline recommendations. The current request is not medically necessary.