

Case Number:	CM15-0020063		
Date Assigned:	02/09/2015	Date of Injury:	03/11/2013
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/03/2015

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 Jersey, New York
Certification(s)/Specialty: Family Practice

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 29-year-old male who sustained an industrial injury on 03/11/13. Initial complaints and diagnose are not available. Prior treatments include medications and an ESI. Prior diagnostic studies are not discussed. Current complaints include moderate neck pain with stiffness and headaches. In a progress note dated 10/14/14, the latest note available for review in the submitted documentation, the treating provider reports the plan of care as continued medication including Tramadol, Prilosec, and a topical cream of ketoprofen, gabapentin, and Tramadol. Also included in the plan of care were a urine toxicology test and a psychiatric evaluation. The requested treatment is physical therapy to the lumbar spine with a work conditioning/ hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 Lumbar Spine/Work Conditioning/Hardening Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy, ODG Preface.

Decision rationale: The request for physical therapy for lumbar spine is not medically necessary. The patient has already received an unspecified number of physical therapy sessions without documentation of subjective or objective improvement. The patient should be able to continue a home exercise program. Also according to ODG, there should be an assessment showing improvement after a trial of six sessions in order to continue with more physical therapy. There is a lack of documentation. Therefore, the request is considered not medically necessary.