

Case Number:	CM15-0022207		
Date Assigned:	02/11/2015	Date of Injury:	05/01/2013
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/05/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 46 year old male who sustained an industrial injury on 05/01/2013. Current diagnosis includes disc protrusion lumbar spine. Previous treatments included medication management, physical therapy, and home exercise program. Report dated 01/09/2015 noted that the injured worker presented with complaints that included lumbar spine pain. Physical examination was positive for abnormal findings. Documentation supports that the injured worker has completed 8 visits of physical therapy. Utilization review performed on 01/12/2015 non-certified a prescription for physical therapy 2 times per week for 4 weeks for the lumbar spine, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 4 (8) for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The injury was on 05/01/2013 and the patient has completed physical therapy and had instruction in a home exercise program since at one point the patient treatment included a home exercise program. Then the patient had 8 more visits of physical therapy and the request is for another 8 physical therapy visits. MTUS guidelines note that a maximum of 9 to 10 physical therapy visits for this patient's condition is the limit. Also, at this point in time relative to the date of the injury, the patient should have been transitioned to a home exercise program as there is no objective documentation that continued formal physical therapy is superior to a home exercise program - again at this point in time relative to the injury. Continued physical therapy for an additional 8 visits is not medically necessary for this patient and is not consistent with MTUS guidelines.