

Case Number:	CM15-0025434		
Date Assigned:	02/18/2015	Date of Injury:	01/08/2013
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old male who sustained an industrial injury on January 8, 2013. He has reported pain to the lower back, knees, and ankles and has been diagnosed with cauda equina syndrome not otherwise specified, stenosis with neurogenic claudication, lumbar, and radiculopathy, thoracic of lumbar. Treatment has included medication, physical therapy, conservative injections, and exercise. Currently the injured worker showed range of motion is restricted with flexion, right lateral bending, left lateral bending, and lateral rotation to the left and lateral rotation to the right. The treatment plan included physical therapy and epidural injection. On January 16, 2015 Utilization Review non certified physical therapy 2 x week for 4-6 weeks for lower back citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 4-6 Weeks for Lower Back: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for low back pain. Prior treatments have included physical therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.