

Case Number:	CM15-0025699		
Date Assigned:	02/18/2015	Date of Injury:	07/27/2007
Decision Date:	03/26/2015	UR Denial Date:	02/04/2015
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: 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:

This 49 year old female sustained an industrial injury on 7/27/07. She subsequently reports chronic low back pain. The injured worker has undergone lumbar spine surgery. Diagnoses include post-laminectomy syndrome, lumbar radiculitis and facet joint syndrome. Treatments to date have included physical therapy, acupuncture and prescription pain medications. On 2/4/15, Utilization Review non-certified a request for Physical Therapy 2 times a week for 3 weeks for the Lumbar Spine. The Physical Therapy 2 times a week for 3 weeks for the Lumbar Spine was denied based on MTUS Chronic Pain 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 3 weeks for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The injury was on 07/27/2007 and the patient had multiple courses of physical therapy. There was also post operative physical therapy. Clearly, the patient has already been instructed in a home exercise program and at this point in time relative to the injury there is no objective documentation that continued formal physical therapy is superior to a home exercise program.