

Case Number:	CM15-0028293		
Date Assigned:	02/20/2015	Date of Injury:	01/16/2013
Decision Date:	04/06/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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: Maryland

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

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 01/16/2013. He has reported that during work he pulled one plywood sheet from a pile and upon pulling it all of the plywood sheets came down and pushed him up against the edge of a table. The pile was noted to weigh approximately 300lbs. and the weight caused the injured worker to not be able to move or breathe. Diagnoses include displacement of cervical intervertebral disc without myelopathy, thoracic disc displacement, and lumbar disc displacement. Treatment to date has included medication regimen and magnetic resonance imaging of the cervical spine, thoracic spine, and lumbar spine. In a progress note dated 12/01/2014 the treating provider reports constant, severe, dull neck, upper to mid back, and low back pain with muscle spasms to the upper/mid back. The treating physician requested physical therapy to the lumbar spine, but the documentation provided did not indicate the reason for this requested treatment. On 01/12/2015 Utilization Review non-certified the requested treatment of physical therapy two times six weeks (twelve sessions) to the lumbar spine, noting the California Medical Treatment Utilization Schedule and Integrated Treatment/Disability Duration Guideline Pain (Chronic) (updated 12/31/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times 6 weeks (12-sessions) to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guideline Pain (Chronic) (updated 12/31/14).

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

Decision rationale: Physical Therapy 2 times 6 weeks (12-sessions) to lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had prior therapy. There are no objective documents of functional improvement from prior therapy. There are no extenuating factors that would require 12 supervised therapy visits. The patient should be competent in a home exercise program. The request for 12 sessions of physical therapy to the lumbar spine are not medically necessary.