

Case Number:	CM15-0029418		
Date Assigned:	02/23/2015	Date of Injury:	04/16/2007
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 44 year old female, who sustained an industrial injury on April 16, 2007. She has reported back pain. The diagnoses have included lumbar spondylosis, lumbago, lumbar/lumbosacral degenerative disc disease, and muscle spasms. Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulation unit, epidural steroid injection, medial branch block, and sacroiliac joint injection. A progress note dated January 6, 2015 indicates a chief complaint of continued pain. The treating physician is requesting physical therapy twice each week for three weeks for the lumbar spine. On January 30, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and Official Disability Guidelines. On February 17, 2015, the injured worker submitted an application for IMR of a request for physical therapy twice each week for three weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times Weekly for 3 Weeks to The Lumbar Spine: Upheld

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

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

Decision rationale: Guidelines recommend physical therapy for specific conditions. Patients are instructed on how to continue active therapies at home as an extension of the treatment in order to maintain improvements in functions. In this case, the patient has undergone 14 physical therapy sessions, and is over 7 years post injury. It is expected that the patient is on an independent home exercise program. Thus, the request for 2x3 physical therapy is not medically necessary and appropriate.