

Case Number:	CM15-0030862		
Date Assigned:	02/24/2015	Date of Injury:	06/26/2014
Decision Date:	04/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 31 year old female patient, who sustained an industrial injury on 6/26/14. She sustained the injury while carrying a box of chicken. Per the Orthopedic Re-evaluation note dated 2/13/15 she had still back symptoms. Physical examination of the lumbar spine revealed normal range of motion, 5/5 strength, normal sensation and negative straight leg raising in bilateral lower extremities. The current medications list is not specified in the records provided. Patient has been tried ultram, flexeril, ibuprofen and hydrocodone. She has had Magnetic Resonance Imaging (MRI) of the lumbar spine which revealed no evidence of a disc protrusion or stenosis. She has had physical therapy visits for this injury. Per the note dated 11/19/14, she had increased pain with physical therapy. According to the utilization review performed on 2/4/15, the requested Physical therapy 3 x a week x 4 week's lumbar spine has been non-certified. The requested MRI of the lumbar spine has been certified. California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines for Physical Medicine; American College of Occupational and Environmental Medicine (ACOEM), chapter 12 Low Back Complaints and Official Disability Guidelines, Low Back Chapter, Magnetic Resonance Imaging (MRI) was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x a week x 4 weeks lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy ? Page(s): 98.

Decision rationale: Physical therapy 3 x a week x 4 weeks lumbar spine. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. Per the note dated 11/19/14, she had increased pain with physical therapy. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In addition, per the note dated 2/13/15, patient had normal lumbar range of motion with normal strength and sensation in lower extremities. Significant functional deficit that would require addition physical therapy is not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 3 x a week x 4 weeks lumbar spine is not established for this patient at this time.