

Case Number:	CM15-0031357		
Date Assigned:	02/24/2015	Date of Injury:	09/06/2014
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
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: New Jersey, New York
 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 9/06/2014. The diagnoses have included lumbar strain and spondylosis. Treatment to date has included 6 sessions of physical therapy, chiropractic care, work modification and medications. Currently, the IW complains of low back pain rated as 6/10. Objective findings included decreased range of motion to the lumbar spine. On 2/03/2015, Utilization Review non-certified a request for physical therapy evaluation and physical therapy for the lumbar spine (6 sessions) noting that the clinical information submitted. The MTUS and ODG were cited. On 2/19/2015, the injured worker submitted an application for IMR for review of physical therapy evaluation and physical therapy 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 evaluation for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy, ODG Preface.

Decision rationale: The request is considered not medically necessary. The request for a physical therapy evaluation for lumbar spine is not medically necessary. The patient has already received six physical therapy sessions without documentation of subjective or objective improvement. The patient should be able to continue a home exercise program. Also according to ODG, there should be an assessment showing improvement after a trial of six sessions in order to continue with more physical therapy. There is a lack of documentation. Therefore, the request is considered not medically necessary.

Physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy, ODG Preface.

Decision rationale: The request is considered not medically necessary. The request for a physical therapy for lumbar spine is not medically necessary. The patient has already received six physical therapy sessions without documentation of subjective or objective improvement. The patient should be able to continue a home exercise program. Also according to ODG, there should be an assessment showing improvement after a trial of six sessions in order to continue with more physical therapy. There is a lack of documentation. Therefore, the request is considered not medically necessary.