

Case Number:	CM15-0034797		
Date Assigned:	03/03/2015	Date of Injury:	08/26/2014
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/24/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52-year-old male who sustained a work related injury on August 26, 2014, lifting heavy metal rods, incurring low back injuries. He complained of increased lower back pain with radiation to the lower leg upon standing. Treatments included ice and rest; stretching exercises, home exercise program and physical therapy. He was diagnosed with lumbar degenerative disc disease with stenosis and lumbosacral disc bulging and a cervical strain. 09/27/14 physical therapy note states that he reported feeling 90% better following completion of 8 PT visits, with improved range of motion. Currently, the injured worker complained of constant lower back pain while twisting, bending standing, sitting, lifting or walking. On February 13, 2015, a request for a service of physical therapy three times a week for four weeks to the lumbar and thoracic spine was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines Low Back Complaints Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, three times weekly for four weeks for the lumbar and thoracic spine:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Per the submitted documentation, the injured worker reported significant improvement following therapy performed in August and September of 2014. However, currently he reports ongoing low back pain and lower extremity radicular symptoms. MTUS Chronic Pain Medical Treatment Guidelines would support up to 10 PT visits for this condition. No exceptional circumstances are documented which would support the medical necessity for a number of PT visits exceeding the guideline. Therefore, medical necessity is not established for the requested 12 additional physical therapy visits.