

Case Number:	CM15-0041342		
Date Assigned:	03/11/2015	Date of Injury:	03/05/2012
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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 33 year old male who sustained a work related injury March 5, 2012. According to a physician's annual medical examination, dated January 5, 2015, the injured worker presented with complaints of low back pain. He had undergone chiropractic treatment with limited results. Assessment is documented as low back pain; shoulder subluxation, right; and hearing loss. Treatment plan included consider repeat MRI and follow-up with orthopedist. A request for authorization dated January 29, 2015, documents a diagnosis of degenerative disc disease (low back pain) and requests physical therapy x 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic), physical therapy.

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

Decision rationale: Physical therapy for the low back, QTY: 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation is not clear how much prior therapy this patient has had and the outcome of therapy with a work injury dated 2012. Furthermore, the documentation does not indicate low back physical exam deficits that require supervised therapy. The request for physical therapy for the low back is not medically necessary.