

Case Number:	CM15-0042574		
Date Assigned:	03/12/2015	Date of Injury:	02/08/2013
Decision Date:	04/16/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/06/2015

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: California
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 43 year old male injured worker suffered an industrial injury on 2/8/2013. The diagnoses were sciatica and displacement of lumbar intervertebral disc myelopathy. The diagnostic studies were lumbar magnetic resonance imaging and electromyography. The treatments were chiropractic therapy lumbar epidural steroid injections, home exercise program, and medications. There was reduced range of motion and tenderness of the left lumbar muscles with spasms and positive straight leg raise. The treating provider reported severe lower back pain 8 to 9/10. The requested treatment was Physical therapy 2 times a week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 5 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested physical therapy 2 times a week for 5 weeks is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The treating physician has documented reduced range of motion and tenderness of the left lumbar muscles with spasms and positive straight leg raise. The treating provider reported severe lower back pain 8 to 9/10. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Physical therapy 2 times a week for 5 weeks is not medically necessary.