

Case Number:	CM15-0044242		
Date Assigned:	03/16/2015	Date of Injury:	05/12/2014
Decision Date:	04/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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 51 year old female who sustained an industrial injury on 5/12/14. The injured worker reported symptoms in the back and right lower extremity. The injured worker was diagnosed as having right sciatica with L3 to 5 foraminal stenosis. Treatments to date have included chiropractic treatments, physical therapy, and activity modification. Currently, the injured worker complains of back pain with radiation to the right leg. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Physical Therapy x 12 Lumbar is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this

condition with transition to an independent home exercise program. The request as written exceeds the recommended number of visits. Furthermore, the patient has had prior therapy, which consisted of 12 visits as of 10/30/14. The patient should be well versed in a home exercise program. Therefore, the request for physical therapy x 12 lumbar is not medically necessary.