

Case Number:	CM15-0046789		
Date Assigned:	03/19/2015	Date of Injury:	05/19/2007
Decision Date:	04/24/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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(n) 41 year old male, who sustained an industrial injury on 5/19/07. He reported pain in the lumbar spine related to lifting a heavy object. The injured worker was diagnosed as having low back pain and lumbar facet pain. Treatment to date has included an EMG study, lumbar MRI, physical therapy and pain medications. As of the PR2 dated 2/24/15, the injured worker reports 9/10 pain in the lumbar spine. The treating physician noted restricted range of motion with flexion and extension due to pain and right sided trigger point pain. He has recently completed 6 sessions of physical therapy without any change in pain or report of a developed home exercise program. The treating physician requested additional physical therapy x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: MTUS Guidelines recommended that between 8-10 sessions of physical therapy as adequate for chronic musculoskeletal conditions. This is considered adequate to develop a self directed exercise program and self protective behaviors. This individual has had significant therapy in the past and has recently completed 6 sessions of therapy without noted changes in pain or self regulated activities. Guidelines do not support the extent of additional therapy request and there are no unusual circumstances that would justify an exception to Guidelines. The request for another 6 sessions of physical therapy is not medically necessary.