

Case Number:	CM15-0046935		
Date Assigned:	03/19/2015	Date of Injury:	08/20/2008
Decision Date:	07/30/2015	UR Denial Date:	02/19/2015
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: 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 (n) 58-year-old male, who sustained an industrial injury on 8/20/08. He reported injury to his neck, back, bilateral shoulders, left foot, right hand, hip and a psychological element related to a motor vehicle accident. The injured worker was diagnosed as having lumbar degenerative disc disease and sacroiliac syndrome. Treatment to date has included physical therapy, lumbar surgery and oral medications. As of the PR2 dated 1/19/15, the injured worker reports pain in the sacroiliac joints. He feels he gets most pain relief with physical therapy. Objective findings include tenderness to palpation in the sacroiliac joints, well-healed surgical incisions and tightness with straight leg raise bilaterally at 45 degrees. The treating physician requested physical therapy for the lumbar x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the Lumbar, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Physical Therapy of the Lumbar, 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive prior PT for the lumbar spine. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary.