

Case Number:	CM15-0051818		
Date Assigned:	03/25/2015	Date of Injury:	11/04/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/19/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 43 year old male with an industrial injury dated 11/04/2004. His diagnoses include strain of lumbar spine, back pain and muscle spasm. Prior treatments include pain medication, MRI and physical therapy. He presents on 02/09/2015 with complaints of low back pain radiating into both legs. Physical exam documented slight tenderness of the paralumbar spine with antalgic gait. The provider documents the injured worker continued to complain of disco genic type pain. Authorization for physical therapy of the lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Physical Therapy.

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

Decision rationale: The recommended duration of physical therapy for myalgia is 9-10 visits over 8 weeks and for neurlalgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. This worker has had several sessions of physical therapy already which should have provided for the establishment of a home exercise program where further gains in flexibility, strength, endurance, function, range of motion and pain reduction could be anticipated without the ongoing supervision by a physical therapist. No justification for additional physical therapy was provided to suggest medical necessity of physical therapy beyond the above recommendation. Therefore the request is not medically necessary.