

Case Number:	CM15-0053070		
Date Assigned:	03/26/2015	Date of Injury:	04/04/2014
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 43 year old male who sustained an industrial injury on 04/04/2014. He reported back pain. The injured worker was diagnosed as having a low back injury. Treatment to date has included diagnostic x-rays of the lumbosacral spine, physical therapy and medication. Currently, the injured worker complains of lower back pain with radicular symptoms. The worker has been receiving physical therapy treatment and has been doing exercises, has had instruction in use of a TENS (Transcutaneous Electrical Nerve Stimulation) unit and has been using lumbar support cushions while driving (which is his employment). He has experienced a recent sudden onset of discomfort in his right lower back while driving. A request for authorization is submitted for physical Therapy x6 week's lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x6 weeks lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has acute flare-up with clinical findings to support for formal PT, therapy visits is medically appropriate to allow for relief and re-instruction on a home exercise program for this chronic injury. Submitted reports have adequately demonstrated the indication to support the hand therapy to allow for maximal functional benefit and recovery. Medical necessity has been established. The Physical Therapy x6 weeks lumbar spine is medically necessary and appropriate.