

Case Number:	CM15-0053170		
Date Assigned:	03/26/2015	Date of Injury:	05/03/2002
Decision Date:	05/20/2015	UR Denial Date:	02/19/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 sustained an industrial injury on May 3, 2002. They have reported injury to the lower extremity. Treatment has included medication and physical therapy. Currently the injured worker complained of bilateral lower extremity pain left greater than right. The treatment plan included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic radiating low back pain. When seen, medications are referenced as allowing him to perform a home exercise program. Physical examination findings

included decreased range of motion with positive straight leg raising and positive Fabere and Gaenslen tests. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had extensive physical therapy and the number of additional visits requested is in excess of that recommended. Additionally, the claimant has already had physical therapy and is performing a home exercise program. Continued compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. The request is therefore not medically necessary.