

Case Number:	CM15-0053726		
Date Assigned:	03/27/2015	Date of Injury:	06/26/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
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 is a 62-year-old male, who sustained an industrial injury on 06/26/2014. He reports sustaining injuries of lower back pain with radiating pain and weakness to the bilateral lower extremities secondary to involvement in a motor vehicle accident. The injured worker was diagnosed as having lumbar spine strain/sprain with bilateral lower extremity pain, stress, depression, sleep disturbance, and hypertension. Treatment to date has included medication regimen, x-rays, and chiropractic therapy. In a progress note dated 02/09/2015 the treating provider reports intermittent lumbar spine pain that is rated a seven out of ten. The treating physician requested physical therapy three times a week for four weeks noting that the treating physician will assess if this initial treatment of physical therapy will decrease the injured worker's pain further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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 nearly one-year status post work-related injury and continues to be treated for chronic radiating low back pain after a motor vehicle accident. He is more than 6 months status post and there is no new injury. Treatments have included medications and chiropractic care. The chronic pain treatment guidelines apply. 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 number of visits requested is in excess of that recommended and therefore not medically necessary.