

Case Number:	CM15-0054251		
Date Assigned:	03/27/2015	Date of Injury:	09/03/2011
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 is a 31 year old female, who sustained an industrial injury on September 3, 2011. She reported low back pain with pain radiating into the lower extremities. The injured worker was diagnosed as having lumbar spine strain. Treatment to date has included diagnostic studies, pain injections, physical therapy, medications and work restrictions. Currently, the injured worker complains of low back pain with pain and numbness radiating into the right lower extremity. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 24, 2015, revealed continued pain. Physical therapy for the lumbar spine was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2x6 for the lumbar spine, QTY: 12: Upheld

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

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

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Physical Therapy, 2x6 for the lumbar spine, QTY: 12. The treating physician states, "Request PT twice a week for six weeks. Low back pain with numbness and tingling down the right leg". (34B) The patient has not had surgery but has had physical therapy in the past. The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician has documented that the patient has had physical therapy prior to this request but did not document how many visits the patient has completed and MTUS guidelines only recommends 10 visits. The current request is not medically necessary and the recommendation is for denial.