

Case Number:	CM15-0055397		
Date Assigned:	03/30/2015	Date of Injury:	08/25/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 40-year-old male, who sustained an industrial injury on August 25, 2014. He has reported lower back pain and leg pain. Diagnoses have included lumbar spine disc displacement. Treatment to date has included medications, physical therapy, nerve root blocks, and imaging studies. A progress note dated March 4, 2015 indicates a chief complaint of lower back pain and pain and tingling of the left leg. The treating physician documented a plan of care that included medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen physical therapy sessions to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy.

Decision rationale: Physical therapy is recommended for the management of chronic musculoskeletal pain to restore flexibility, strength, endurance, function, range of motion, and to

alleviate discomfort. The guidelines support a course of 16 visits over 8 weeks for patients undergoing lumbar surgery. An initial course of 8 visits is recommended to decrease pain levels. With documentation of functional improvement, additional therapy may be prescribed. In this case, the patient completed 9 sessions without any noted improvement documented. Thus, additional therapy does not appear to be warranted. The request for 18 physical therapy sessions is not medically appropriate or necessary.