

Case Number:	CM15-0058446		
Date Assigned:	04/03/2015	Date of Injury:	07/16/2013
Decision Date:	05/04/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/27/2015

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, 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 (IW) is a 29-year-old female who sustained an industrial injury on 07/16/2013. She reported low back pain. The injured worker was diagnosed as having low back pain with right-sided radicular pain, with minimal left-sided symptoms; lumbar disc degeneration/spondylosis L4-L5 and L5-S1 with bilateral mild-to-moderate foraminal stenosis; probable right -sided lumbar radiculopathy. Treatment to date has included oral medications for inflammation and for pain relief. The worker recently gave birth. Currently, the injured worker complains of low back pain and increased leg pain. There is limited physical exam Straight leg raise testing is negative on the right, Achilles reflexes are 0+, and the IW walks with a limp. Six physical therapy 2 times a week for 3 weeks for the lumbar spine is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy 2 times a week for 3 weeks for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective

July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the requesting physician has identified that the patient has a significant flare-up of pain as well as physical examination findings identifying tenderness and antalgic gait. There is no indication that the patient has undergone physical therapy previously. Therefore, a 6-visit trial of therapy is reasonable to address this patient's current symptoms. As such, the current request for physical therapy is medically necessary.