

Case Number:	CM15-0058698		
Date Assigned:	04/03/2015	Date of Injury:	08/10/2014
Decision Date:	06/11/2015	UR Denial Date:	03/05/2015
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, 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 (IW) is a 34-year-old male who sustained an industrial injury on 08/10/2014. Diagnoses include low back pain, sciatica and lumbar spine radiculopathy. Treatment to date has included medications, physical therapy and bracing. Diagnostics included MRIs. According to the progress notes dated 2/17/15, the IW reported ongoing back pain. The notes stated physical therapy in the past "seemed to help him"; however, the notes dated 1/6/15 stated the IW "had made very little progress with physical therapy." A request was made for physical therapy three times weekly for six weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 6 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines (Lumbar).

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

Decision rationale: The patient has ongoing low back pain with LE weakness, numbness, and tingling. The current request is for Physical Therapy 3 x 6 for the low back. The CA MTUS recommends physical therapy for Myalgia and Myositis 9-10 visits over 8 weeks. In this case, the records indicate that the patient had 14 prior sessions authorized. Following the completion of his physical therapy, the records indicate that the attending physician found the physical therapy to have not been beneficial and recommended diagnostic studies and injections. Records indicate that the injections were denied and the attending physician has recommended additional physical therapy even though it was not found to provide functional benefit. The current documentation does not establish medical necessity and the request is not supported by the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.