

Case Number:	CM15-0059927		
Date Assigned:	04/06/2015	Date of Injury:	12/18/2007
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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 50-year-old male, who sustained an industrial injury on 12/18/2007. The injured worker was diagnosed as having lumbago. Treatment to date has included diagnostics, peroneal nerve entrapment, status post peroneal nerve release in 8/2011, spinal cord stimulator, physical therapy, and medications. Physical therapy evaluation was documented 5/30/2014, noting a treatment plan for 2 sessions per week for 8-10 weeks. Currently, the injured worker complains of low back pain. Physical therapy notes supported recent treatment from 10/14/2014 to 11/17/2014, noting completion of 6 sessions. Additional physical therapy, 6 sessions, were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6: Upheld

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

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.(3) Low Back – Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant has a history of a work injury occurring in December 2007 and continues to be treated for low back pain. Treatments have included physical therapy. As of 11/17/14, the claimant had completed six treatment sessions. Being requested is an additional six treatment sessions. A typical course of treatment for low back pain would be expected to include up to nine treatment sessions over eight weeks. Providing the number of additional skilled therapy services requested would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore, the requested therapy was not medically necessary.