

Case Number:	CM15-0061181		
Date Assigned:	04/07/2015	Date of Injury:	04/15/2014
Decision Date:	05/08/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/31/2015

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: Preventive Medicine, Occupational 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 43 year old male, who sustained an industrial injury on 4/15/14. He reported initial complaints of lumbosacral spine pain (L4-L5 midline level). The injured worker was diagnosed as having lumbosacral joint ligament sprain. Treatment to date has included back brace; physical therapy and NSAIDs. Currently, the PR-2 note dated 2/25/15; the injured worker complains of lumbosacral spine pain at the midline L4, S1 levels. There appears to be no surgical intervention or diagnostics documented. The notes do indicate the injured worker is to use a back brace and physical therapy. Prior PR-2 notes document the same type of treatment of physical therapy and medications (Naproxen and Omeprazole). The provider is requesting continued physical therapy 3x2 for the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x2, lumbar: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patient is currently working and has completed 9 sessions of physical therapy for the lumbar spine to date. Provider reported that the patient has had good functional improvement as a result of the physical therapy. Patient has not exceeded the maximum allowable number of sessions stipulated by the MTUS; therefore I am overturning the previous utilization review decision. Physical therapy 3x2, lumbar is medically necessary.