

Case Number:	CM15-0081269		
Date Assigned:	05/04/2015	Date of Injury:	03/04/2008
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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 59 year old male, who sustained an industrial injury on 3/4/2008. He reported low back pain. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, lumbar intervertebral disc displacement without myelopathy, and lumbosacral intervertebral disc degeneration. Treatment to date has included medications, functional restoration program, surgery, and home exercise program. The request is for physical therapy. On 4/8/2015, he complained of increased low back pain after functional restoration program. He reported a 50% reduction in pain with medications, and denies any side effects. The treatment plan included: physical therapy, Norco, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy referral schedule within provider's discretion: Upheld

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

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

Decision rationale: MTUS Guidelines do not support an open ended request for physical therapy. Guidelines note that up to 8-10 sessions of physical therapy are adequate for this patient's condition and the therapy should be geared toward activity and independence. Other than to encourage continued appropriate physical activity there is no proven benefit to physical therapy for chronic low back pain and excessive visits is not necessarily better medical care. The open ended request for physical therapy referral schedule within provider's discretion is not supported by Guidelines and is not medically necessary.