

Case Number:	CM15-0082566		
Date Assigned:	05/05/2015	Date of Injury:	07/15/2002
Decision Date:	06/12/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/29/2015

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: Pennsylvania, Ohio, California
 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 is a 72 year old male who sustained an industrial injury on 7/15/02. The mechanism of injury for the 2002 injury is not clear but he had an industrial injury in 1997 when he went to reach the controls to level a ramp resulting in back pain. He currently (3/11/15) complains of intermittent mild to moderate low back pain. Activities of daily living are limited regarding self-care, sleeping, ambulation and carrying and moving objects. Aggravating factors include sitting, standing, walking, stairs and bending. Physical therapy relieves pain. He was not doing all of the home exercises (per 3/25/15 note) and was encouraged to increase the home exercise program. Industrial medications are Vicodin. Diagnoses include lumbar degenerative disc disease; thoracic/lumbar radiculitis; herniated lumbar disc. Diagnostics include MRI of the lumbar spine (2/28/15) revealing mild to severe discogenic disc disease L2-S1. In the progress note dated 1/21/15 and 3/11/15 the treating provider's plan of care includes home exercise program, back brace as needed low impact exercises and physical therapy twice per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the lumbar: Upheld

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

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.