

Case Number:	CM15-0083968		
Date Assigned:	05/06/2015	Date of Injury:	03/19/2014
Decision Date:	06/04/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 38 year old male sustained an industrial injury to the back on 3/19/14. Previous treatment included magnetic resonance imaging, electromyography, physical therapy (8 sessions), acupuncture (4 sessions), facet injections and medications. Magnetic resonance imaging lumbar spine (5/9/14) showed non-compressive disc bulging with multilevel mild bilateral facet arthrosis. Electromyography/nerve conduction velocity test of bilateral lower extremities (1/13/15) was normal. The injured worker underwent intra-articular facet injection at L4-5 and L5-S1 on 2/18/15. In a PR-2 dated 2/19/15, the injured worker reported that his back was sore from the injection and that he had not experienced any benefits yet. The injured worker reported that he had completed physical therapy and noted that this therapy helped to decrease his pain and increased his mobility. The injured worker complained of pain 4/10 on the visual analog scale with radiation into the right buttock. The treatment plan included physical therapy twice a week for eight weeks and medications (Neurontin, Naproxen Sodium, Ultracet and Senna).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x8 weeks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy Section.

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

Decision rationale: Physical therapy 2x8 weeks for low back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition with a transition to an independent home exercise program. The documentation indicates that the patient has had prior low back therapy. The patient should be well versed in a home exercise program at this point. The request for additional physical therapy for the low back is not medically necessary.