

Case Number:	CM15-0084977		
Date Assigned:	05/07/2015	Date of Injury:	07/17/2009
Decision Date:	06/08/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/04/2015

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 55 year old male, who sustained an industrial injury on 07/17/2009. According to a progress report dated 02/05/2015, the injured worker complained of low back pain. On a scale of 1-10, pain was rated 4. He complained of numbness in the right foot and toes. Medication regimen was noted as the same but not listed. Objective findings included positive low back pain right greater than left, negative straight leg raise, motor examination 5/5 and positive tenderness. Diagnoses included right L5 radiculopathy and flare-up persistent. Treatment plan included a follow up with another provider for a second injection. On 03/05/2015, the injured worker complained of abdominal pain, low back pain and right lower extremity symptoms. Treatment plan included the appeal of a second injection. There were no more progress reports submitted for review. Currently under review is the request for physical therapy 2 times a week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks L/S: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

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.

Decision rationale: The claimant sustained a work-related injury in July 2009 and continues to be treated for low back pain. When seen, he was having a flare of radicular pain into the right lower extremity. There was lumbar spine tenderness with a normal neurological examination. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.