

Case Number:	CM15-0086163		
Date Assigned:	05/08/2015	Date of Injury:	06/06/2014
Decision Date:	06/26/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/05/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 (IW) is a 29 year old male who sustained an industrial injury on 06/06/2014. He reported pain in the right side and back. The injured worker was diagnosed as having degeneration of lumbar disc; displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included physical therapy sessions, and pain medication. Currently, the injured worker complains of pain in the low back. There is no visible deformity of the spine, there is normal lordosis, and there is no muscle spasm. There is tenderness to palpation over the L4- L5 level of the lumbar spine and the left sacroiliac joint area. There is pain on flexion, extension, lateral flexion, right rotation, and left rotation. The lower extremities, hips, knees and ankles are normal, motor, sensory and reflex functions are intact. The worker is able to do heel to toe gait, squat and rise up without difficulty, he has no limp. He moves without difficulty. The plan of treatment is for medication with a prescription of Norco, a MRI is pending, and 12 sessions of physical therapy for the low back are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the low back: Upheld

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 Physical Medicine Page(s): 98- 99.

Decision rationale: The patient is a 29 year old male with an injury on 06/06/2014. He had lumbar pain and was treated with physical therapy and medication. Currently, he had a normal lumbar lordosis. There was no muscle spasm. He has no limp. He is able to heel to toe walk and squat. He moves with no difficulty. The requested 12 further visits of physical therapy is not consistent with MTUS, Chronic Pain, physical medicine guidelines. By this point in time she should have been transitioned to a home exercise program as continued formal physical therapy is not superior to a home exercise program. The request is not medically necessary.