

Case Number:	CM15-0087214		
Date Assigned:	05/11/2015	Date of Injury:	05/16/2014
Decision Date:	06/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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: Texas, Illinois

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 38 year old male, who sustained an industrial injury on 5/16/14. He reported low back pain. The injured worker was diagnosed as having low back pain and lumbar muscle strain. Treatment to date has included left sided facet injections, physical therapy, a home exercise program, medications, and TENS. 6 previous physical therapy did not help. Currently, the injured worker complains of back pain. The treating physician requested authorization for 6 physical therapy sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for low back Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low back Procedure Summary Online Version last updated 03/24/2015.

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

Decision rationale: The injured worker sustained a work related injury on 5/16/14. The medical records provided indicate the diagnosis of low back pain and lumbar muscle strain. Treatment to date has included left sided facet injections, physical therapy, a home exercise program, medications, and TENS. The medical records provided for review do not indicate a medical necessity for Physical therapy for low back Qty: 6.00. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), for a total of 10 visits plus active self-directed home Physical Medicine. The medical records indicate the injured worker had six visits at unspecified date, with no benefit. Therefore, the request is not medically necessary.