

Case Number:	CM15-0089773		
Date Assigned:	05/14/2015	Date of Injury:	11/03/2011
Decision Date:	07/21/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/11/2015

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: Indiana, Michigan, California
 Certification(s)/Specialty: Family Practice

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 43 year old female with a date of injury on 11/3/2011 occurring after a fall leading to persistent low back pain. Diagnostic testing included an MRI of the lumbar spine on 6/7/2012 showing a 5.6 mm central disc protrusion at L5-S1 and an MRI on 6/21/2013 showing a 2 mm disc bulge at L2-3, 3 mm disc bulge at L3-4, 5 mm disc bulge at L4-5 and a 4-5 mm disc bulge at L5-S1. Diagnoses included chronic myoligamentous sprain/strain of the lumbar spine with bilateral radiculopathy and lumbosacral radiculitis. Treatment included physical therapy, epidural injections & medication management with Cymbalta and Percocet. Request is for Physical Therapy 2x4. The injured worker has completed a course of physical therapy that was recommended for twice a week for 6 weeks.

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 4 weeks: Upheld

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

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

Decision rationale: Chronic Pain Treatment Guidelines do recommend Physical Therapy and the injured worker underwent physical therapy. There is no objective evidence that therapeutic effectiveness was obtained by the course of physical therapy. Therefore, the requested Physical Therapy 2x4 is not medically necessary or appropriate or appropriate.