

Case Number:	CM15-0235208		
Date Assigned:	12/10/2015	Date of Injury:	04/29/2015
Decision Date:	01/14/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	12/02/2015

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: Arizona, 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 50 year old male, who sustained an industrial injury on 4-29-15. The injured worker was diagnosed as having low back contusion and lumbar sprain. Subjective findings (6-26-15, 8-5-15 and 8-31-15) indicated low back pain that radiates to the back of the thighs. He noted some improvement with physical therapy. Objective findings (6-26-15, 8-5-15 and 8-31-15) revealed limited range of motion, a negative straight leg raise test and tenderness to palpation in the paralumbar area. Physical therapy notes (6-17-15, 6-23-15, 8-3-15, 8-24-15 and 9-11-15) indicated increasing lumbar flexion (from 10-60 degrees). The injured worker rated his pain 6-7 out of 10. As of the PR2 dated 11-3-15, the injured worker reports low back pain that radiates to the back of the thighs. Objective findings include limited lumbar range of motion, a negative straight leg raise test and tenderness to palpation in the paralumbar area. Treatment to date has included physical therapy x at least 6 sessions and Ibuprofen. The Utilization Review dated 11-16-15, non-certified the request for physical therapy for the low back 2 x weekly for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, low back, 2 times weekly for 3 weeks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, up to 10 sessions of physical therapy is recommended for the low back. The claimant had undergone at least 24 sessions of therapy in the past. There is no indication that additional therapy cannot be completed at home. The request for 6 additional therapy sessions exceeds the guidelines recommendations and is not medically necessary.