

Case Number:	CM14-0185528		
Date Assigned:	11/13/2014	Date of Injury:	11/01/2013
Decision Date:	12/19/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old male who reported an injury on 11/01/2013. The mechanism of injury was reportedly due to repetitive work duties. His diagnoses were noted as sprains/strains of the lumbar, sprains/strains of the sacroiliac ligament, thoracic/lumbosacral neuritis or radiculitis, and spinal stenosis of the lumbar region. Past treatments were noted to include medications. On 09/19/2014, the injured worker complained of continued lower back pain increased with sitting, standing, bending, and stooping activities rated at a 6/10 to 7/10. Physical examination of the lumbar spine was not noted. His current medications were listed as tramadol. The treatment plan included acupuncture, home exercises, 3 sessions of trial of lumbar spine treatment, and a followup visit. A request was received for physical therapy for the lumbar spine, quantity 3 sessions. The rationale for the request was not provided. The Request for Authorization form was dated 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, QTY: 3 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Therapy

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

Decision rationale: The request for physical therapy for the lumbar spine, quantity 3 sessions was not medically necessary. California MTUS Guidelines recommend up to 10 visits of physical therapy for neuralgia, neuritis, and radiculitis. Clinical notes indicated that the injured worker complained of continuing lower back pain that was reduced with rest, medications, and a home exercise program. However, there is no documentation to indicate whether the injured worker has had previous sessions of physical therapy and if it was successful in improving symptoms. As the request does not specify an initial trial of physical therapy and there is no documentation to indicate previous physical therapy with quantifiable evidence that it was successful, the request is not supported. Therefore, the request is not medically necessary.