

Case Number:	CM14-0213520		
Date Assigned:	02/05/2015	Date of Injury:	10/03/2013
Decision Date:	03/27/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male who sustained an industrial injury reported on 10/3/2013. He has reported complaints low back pain. The diagnoses have included disc herniation of the lumbar spine at lumbar 5 - sacral 1 articulation; and right hip sprain. Treatments to date have included consultations; diagnostic imaging studies; 24 physical therapy sessions; chiropractic treatments; epidural steroid injection therapy (12/14); and medication management. The work status classification for this injured worker (IW) was noted to have returned to modified work duties. On 12/16/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/12/2014, for physical therapy 3 x a week x 4 weeks (12 sessions) for the lower back. The Medical Treatment Utilization Schedule, chronic pain, physical medicine guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lower back 3x4: 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: The patient presents with back pain. The current request is for Physical Therapy lower back 3x4. The treating physician states, Patient states that he has been feeling slightly better with the lumbar spine, since the last office visit. On a scale from 1-10, 10 being the worst, he states his pain level is a 6. Patient is currently in chiropractic care which is helping but is sore after sessions. (C.25) The MTUS guidelines allow 8-10 physical therapy visits. In this case, the patient has already undergone complete manual therapy in the form of Chiropractic care. The current request is for 12 total sessions, whereas the maximum allowed by MTUS is 8-10. Ultimately, the current request is not supported by the MTUS Guidelines as the requested amount is in excess of the MTUS recommendation of 8-10 visits. Recommendation is for denial.