

Case Number:	CM14-0216690		
Date Assigned:	01/06/2015	Date of Injury:	06/24/2014
Decision Date:	02/25/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/26/2014

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: North Carolina
 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 patient is a 27 year old male who sustained a work related lifting injury to the lower back on June 24, 2014. Initial lumbar-rays were negative for acute findings. The patient was diagnosed with lumbar strain/sprain, synovitis and tenosynovitis. The injured worker received conservative treatment, medication, and 6 sessions of physical therapy. The injured worker continued to experience lower back pain with radiation to the bilateral lower extremities and left leg numbness. A magnetic resonance imaging (MRI) of the lumbar spine on Sept 9, 2014 documented posterior disc bulges 2-3 millimeters at L2-3 and L3-4. According to the physician's progress report and evaluation on November 11, 2014 there was negative straight leg raising and 60 degree flexion. The injured worker was to return to regular work on a trial basis on November 12, 2014. No further work status was documented. Current medication consists of Naprosyn and Prilosec. The physician requested authorization for additional physical therapy two times a week for six weeks for the lumbar spine, low back Qty: 12. On December 13, 2014 the Utilization Review denied certification for additional physical therapy two times a week for six weeks for the lumbar spine, low back Qty: 12 due to the current clinical data and lack of documentation of prior physical therapy benefits. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines for Physical Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy Visits (Two times a week for six weeks for the Lumbar Spine, Low Back): Upheld

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

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

Decision rationale: Physical therapy/occupational therapy are a recommended treatment option for chronic ongoing pain per the California MTUS. The injured worker had already completed previous physical therapy. The goal of physical therapy is a transition to home exercise program after a set amount of sessions. The request is in excess of the amount of sessions recommended per the California MTUS. Therefore the request is not medically necessary.