

Case Number:	CM14-0218351		
Date Assigned:	01/08/2015	Date of Injury:	06/30/2014
Decision Date:	03/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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

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 51 year old male, who sustained an industrial injury on 06/30/2014. The injured worker pulled a lever to lower a metal ramp and when he performed this he felt a sharp pain throughout the body. The injured worker was diagnosed with acute low back pain with possible disc involvement. Treatment to date has included physical therapy, an oral medication regimen, acupuncture, and magnetic resonance imaging of the right shoulder, left shoulder, cervical spine, and lumbar spine. Currently, the injured worker complains of lower back pain that radiates to the lower extremities and upper back pain that radiates to the neck and the shoulders. The treating physician requested additional physical therapy visits, but the documentation did not indicate the reason for this requested treatment. On 12/01/2014 Utilization Review non-certified the request for physical therapy to the lumbar spine one time six for a total of six sessions, noting the Official Disability Guidelines.

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, once weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 - 299.

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for 6 sessions of physical therapy for the lumbar spine. The review of the reports indicates that the patient has had physical therapy in the past. The patient has not worked since 06/30/14. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional therapy is needed. None of the reports specifically discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. Reports do seem to indicate that the patient recently had some therapy. The treater does not explain why the patient is unable to transition into a home program. The treater does not discuss the request. The request of physical therapy IS NOT medically necessary.