

Case Number:	CM15-0102097		
Date Assigned:	06/04/2015	Date of Injury:	04/25/2014
Decision Date:	07/01/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 26 year old male who sustained a work related injury April 25, 2014. While lifting a crate of dairy products over his head, he developed sharp pain in the right groin and right hip socket. Past history included s/p anterior posterior fusion L5-S1 September 9, 2014. According to a primary treating physician's progress report, dated April 23, 2015, the injured worker presented with some improvement but continues to have numbness and tingling in his right lower extremity and back pain. He was recently seen by a specialist, who diagnosed bilateral inguinal hernia, and now awaiting surgery to be approved. Impression is documented as lumbar radiculopathy and fusion or re-fusion of L2-3. At issue, is the request for authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x per week x 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 Page(s): 58-59 of 127.

Decision rationale: The patient sustained an injury in April of 2014. He has been diagnosed with lumbar radiculopathy and fusion at the L2-L3 level. He also is awaiting potential bilateral inguinal hernia surgery. The MTUS guidelines do make recommendations with regard to physical therapy for low back pain. A trial of 6 visits over 2 weeks, and with functional improvement, 18 visits over 6-8 weeks. Care beyond 8 weeks is not indicated. The patient has had 4 visits without documentation of significant functional improvement seen, as such 18 further treatments are not medically necessary.