

Case Number:	CM15-0107391		
Date Assigned:	06/11/2015	Date of Injury:	03/20/2015
Decision Date:	07/17/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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, 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 injured worker is a 32 year old female who sustained a work related injury March 20, 2015. While bending down to push a 50 pound dumbbell, she felt a pinch of pain in her mid and lower back. According to a primary treating physician's progress report, dated May 7, 2015, the injured worker presented with complaints of persistent pain in her upper and lower back, rated 7/10. The pain radiates to her entire right leg from her right thigh to her right lower leg. Objective findings are documented as; range of motion of the thoracic spine 80 degrees of normal with moderate pain, lumbar spine examination revealed tenderness over the right and left lumbar paraspinal muscles, range of motion is 80 degrees of normal. Diagnoses are lumbosacral spine strain; thoracic spine strain. Treatment plan included E-stim unit dispensed for a one month trial and instruction provided and continue medication as directed. 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 Thoracic/Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Physical Therapy.

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

Decision rationale: CA MTUS Guidelines supports passive and active physical therapy as a treatment modality. In this case, the patient has undergone 12 PT sessions without functional gain or therapeutic benefit, so additional PT does not appear to be warranted. The request for additional PT exceeds the recommended guidelines. A Home Exercise Program should be recommended if additional PT is thought to be beneficial. The patient was approved for an MRI of 5/20/2015, and further treatment should be based on these findings. At this time, however, the request is deemed not medically necessary or appropriate.