

Case Number:	CM15-0010849		
Date Assigned:	01/28/2015	Date of Injury:	10/12/2014
Decision Date:	03/18/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 22 year old male who sustained a work related injury on October 12, 2014, after lifting a heavy box a felt a strain in his back. Treatments included steroids, muscle relaxant and anti-inflammatory medications, chiropractic sessions and physical therapy. Diagnosis was low back strain and lumbar disc displacement without myelopathy. X rays of the lumbar spine were unremarkable. Currently, the injured worker continues to complain of spasms and pain in the lower back. On December 27, 2014, a request for 6 additional sessions of Physical Therapy, 3 time a week for 2 weeks were non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Sessions of Physical Therapy, 3 per week for 2 weeks to eh Lumbar Spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 58-59.

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

Decision rationale: 6 Additional Sessions of Physical Therapy, 3 per week for 2 weeks to the Lumbar Spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient has had at least 15 PT sessions already. The patient should be well versed in a home exercise program by now. There are no extenuating factors requiring 6 additional PT sessions therefore this is not medically necessary.