

Case Number:	CM15-0013405		
Date Assigned:	02/02/2015	Date of Injury:	02/12/2009
Decision Date:	03/27/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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 57-year-old male who reported an injury on 09/12/2002, due to an unspecified mechanism of injury. On 12/08/2014, he presented for a followup evaluation regarding his work related injury. He reported pain in the low back that radiated down the left leg and stopped at the top of the foot. A physical examination showed reflexes were normal bilaterally, and he had a normal gait. There was left sided SI joint tenderness and a positive straight leg raise test, on the right greater than the left. Documentation regarding his diagnosis was not provided for review. Previous treatments included medications and an epidural steroid injection. The treatment plan was for physical therapy x12 sessions. The rationale for the treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PT for Low back conditions

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

Decision rationale: The California MTUS Guidelines recommend physical therapy for myalgia and myositis unspecified of 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. The documentation provided does indicate that the injured worker was symptomatic regarding the low back. However, there was a lack of documentation showing that he has any significant functional deficits that would support the request for physical therapy treatment. Also, the body part that physical therapy was being requested for was not stated within the request. Furthermore, 12 sessions would exceed the guideline recommendations. Therefore, the request is not supported. As such, the request is not medically necessary.