

Case Number:	CM15-0014414		
Date Assigned:	02/02/2015	Date of Injury:	09/15/2013
Decision Date:	04/14/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 20 year old who sustained an industrial injury on 09/15/2013. She complains of low back pain. Diagnoses include lumbosacral stain and sprain. Treatment to date has included medications. A physician progress note dated 12/01/2014 documents the injured worker continues to complain of low back pain, but it has slightly improved. There was tenderness on the midline and peri-lumbosacral area. Treatment requested is for 6 Physical Therapy for the Lumbar Spine, 3 times a week for 2 weeks, for sprain/strain, as an outpatient. On 12/29/2014 Utilization Review noon-certified the request for 6 Physical Therapy for the Lumbar Spine, 3 times a week for 2 weeks, for sprain/strain, as an outpatient, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy for the Lumbar Spine, 3 times a week for 2 weeks, for sprain/strain, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98, 99 of 127..

Decision rationale: The most recent progress note dated December 1, 2014 includes a complaint of low back pain and physical examination findings of decreased lumbar spine range of motion and peri-spinal tenderness. The medical records do not indicate previous participation in physical therapy. However, the California MTUS guidelines recommend up to 10 visits of physical therapy for the injured employee's condition. Without any documented reason to justify deviating from these guidelines, this request for 12 visits of physical therapy for the lumbar spine is not medically necessary.