

Case Number:	CM15-0016825		
Date Assigned:	02/05/2015	Date of Injury:	08/14/2012
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 62 year old female with an industrial injury dated August 14, 2012. The injured worker diagnoses include lumbar herniated nucleus pulposus and cervical herniated nucleus pulposus. She has been treated with diagnostic studies, prescribed medications, chiropractic sessions, physical therapy, consultations and periodic follow up visits. In a progress note dated 12/22/2014, the treating physician noted increased lower back pain and tightness of the hamstring with range of motion. Objective findings revealed hamstring pain, positive paraspinal pain, increase tightness, positive extension and decrease range of motion. The treating physician prescribed services for physical therapy twice a week for six weeks for the lumbar spine UR determination on January 14, 2015 denied the request for physical therapy twice a week for six weeks for the lumbar spine, citing MTUS, ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation official disability guidelines - lumbar PT

Decision rationale: The available medical records report pain in shoulder status post multiple physical therapy visits provided to date. The records do not reflect specific objective functional outcome of previous physical therapy provided and does not indicate the functional goals of additional physical therapy at this time. There is no indication of other conservative therapy or self directed program to complement physical therapy to provide ongoing improvement. ODG guidelines do not support additional physical therapy for ongoing treatment of lumbar spine when used along. Additional physical therapy is not supported based on these findings.