

Case Number:	CM15-0016878		
Date Assigned:	02/05/2015	Date of Injury:	04/15/1997
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old female, who sustained an industrial injury on 04/15/1997, after falling down two flights of stairs and landing on her bottom. On provider visit dated 12/05/2014 the injured worker has reported low back pain that radiates to left upper leg, a decreased range of motion and occasional numbness or tingling to left leg. On examination say was noted to have a decreased range of motion of lumbar spine, tenderness of the lumbar paraspinal muscles and spinous processes were noted, and tenderness was noted to the sacroiliac joint. The diagnoses have included lumbago with sciatica, degenerative arthritis of lumbar spine and bulging lumbar disc. Treatment plan included medication and to date has included physical therapy for the lumbar spine 3 times a week for 4 weeks. There was no evidence of prior physical therapy submitted for this review. On 12/31/2014 Utilization Review non-certified physical therapy for the lumbar spine 3 times a week for 4 weeks, quantity: 12 sessions, as not medically necessary. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 3 times a week for 4 weeks, quantity: 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Low Back, Physical Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant has a remote history of a work-related injury occurring more than 15 years ago. She continues to be treated for chronic radiating low back pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.