

Case Number:	CM15-0111050		
Date Assigned:	06/17/2015	Date of Injury:	07/04/2012
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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 27 year old male who sustained an industrial injury on 07/04/12. Initial complaints and diagnoses are not addressed. Treatments to date include medications, chiropractic treatments, acupuncture, heat, ice, and psychological treatments. Diagnostic studies include MRIs of the lumbar and cervical spine as well as the brain on 01/26/15. Current complaints include headaches and neck pain. Current diagnoses include cervical and lumbar sprain/strain, lumbar spine intervertebral disc displacement, knee sprain/strain, anxiety, depression, and fibromyalgia. In a progress note dated 05/11/15 the treating provider reports the plan of care as neurology evaluation acupuncture, and physical therapy. The requested treatments include physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy lumbar spine 1 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Active therapy Page(s): 46, 98-99.

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

Decision rationale: Physical Therapy lumbar spine 1 times 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior low back PT sessions the patient has had; why she is unable to perform an independent home exercise program; and the outcome of her prior lumbar PT. Without clarification of this information the request for physical therapy is not medically necessary.