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| Case Number: | CM15-0111578 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 12/04/1992 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/21/2015 |
| 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: California
Certification(s)/Specialty: Emergency 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 53-year-old male who sustained an industrial injury on December 4, 1992. He has reported back pain and has been diagnosed with lumbar degenerative disc disease, mononeuritis, and chronic pain secondary to work trauma. Treatment has included medical cannabis. There was axial pain to the entire lumbar spine. There was tight with ropy spasms to the paraspinal muscles. Range of motion with fingertips to knees and flat lumbar spine. Body landmarks were symmetrical. The treatment request included physical therapy x 12 sessions to the lumbar spine.

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, quantity: 12 sessions: Upheld

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

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

Decision rationale: The requested Physical therapy for the lumbar spine, quantity: 12 sessions is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has axial pain to the entire lumbar spine. There was tight with ropy spasms to the paraspinal muscles. Range of motion with fingertips to knees and flat lumbar spine. Body landmarks were symmetrical. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program, nor the medical necessity for a current trial of therapy beyond a trial of 6 sessions and then re-evaluation. The criteria noted above not having been met, Physical therapy for the lumbar spine, quantity: 12 sessions is not medically necessary.