

Case Number:	CM15-0115939		
Date Assigned:	06/24/2015	Date of Injury:	08/20/2014
Decision Date:	07/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/16/2015

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 44 year old male, who sustained an industrial injury on 8/20/14. The injured worker has complaints of back pain with intermittent numbness and tingling in his right glute and posterior aspect of his thigh and that his pain radiates to the right lower extremity after physical exertion. The documentation noted that there is tenderness to the lumbar paraspinals. The diagnoses have included L4-5 degenerative disc disease with annular tear and lumbago. Treatment to date has included physical therapy and epidural injections. The request was for additional physical therapy x 6 sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 6 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 474.

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

Decision rationale: Additional physical therapy x 6 sessions for the lumbar spine 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 but it appears that he has had at least 6 sessions. It is unclear why he is unable to perform an independent home exercise program. There are no extenuating factors on the physical exam which would necessitate 6 more supervised therapy sessions which would exceed MTUS recommendations for the number of visits. Therefore, the request for outpatient physical therapy for the lumbar spine is not medically necessary.