

Case Number:	CM15-0118031		
Date Assigned:	06/26/2015	Date of Injury:	08/13/2014
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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:

This 42-year-old male sustained an industrial injury to the neck and back on 8/13/14. Previous treatment included physical therapy, chiropractic therapy, back brace, home exercise and medications. Documentation did not disclose the number of previous therapy sessions or the injured worker's response to therapy. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 5/13/15, the injured worker complained of ongoing right scapular pain and lumbar pain. The physician noted that the injured worker was developing pain on the right side of his thoracic that radiated toward the scapula. Physical exam was remarkable for cervical spine with tenderness to palpation to the paraspinal musculature with spasms and decreased range of motion, intact sensation and 5/5 motor strength to bilateral upper extremities, lumbar spine with tenderness to palpation to the paraspinal musculature with decreased sensation in the right L5 distribution, restricted range of motion, 5/5 lower extremity strength bilaterally and positive right straight leg raise. Current diagnoses included cervical spine radiculopathy and lumbar spine radiculopathy. The treatment plan included continuing medications (Naproxen Sodium and Omeprazole), ice packs and a course of physical therapy for the lumbar spine due to persistent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks for lumbar spine 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

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

Decision rationale: Physical therapy 2 times a week for 3 weeks for lumbar spine 6 visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had at least 13 prior PT sessions for his low back. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.