

Case Number:	CM15-0118071		
Date Assigned:	06/26/2015	Date of Injury:	02/01/2015
Decision Date:	07/28/2015	UR Denial Date:	06/03/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury on 2/1/15. He reported low back pain. The injured worker was diagnosed as having lumbar strain with aggravation to multilevel lumbar degenerative disc disease. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, and medication. Physical examination findings on 5/22/15 included paravertebral muscle tenderness to palpation with paresthesias extending to the left leg to the knee. Lumbar range of motion with flexion was noted to be 40 degrees, extension 10 degrees, right side flexion was 20 degrees, and left sided flexion was 20 degrees. Currently, the injured worker complains of lumbar spine pain. The treating physician requested authorization for outpatient physical therapy to the lumbar spine 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy to the lumbar spine, two times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Therapeutic physical therapy for the low back is recommended by the MTUS as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. This patient has recently been approved (3-26-2015) for six sessions of acupuncture. According the PR-2 associated with the request for authorization, the patient has completed an unknown number of sessions of physical therapy for the lumbar spine. No objective functional improvement was documented by the attending physician. Outpatient Physical Therapy to the lumbar spine, two times a week for four weeks is not medically necessary.