

Case Number:	CM15-0118392		
Date Assigned:	06/26/2015	Date of Injury:	02/15/2013
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: 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 female with an industrial injury dated 06/11/2013. Her diagnoses included myoligamentous lumbar spine sprain/strain, mild lumbar spondylosis and disc protrusion at lumbar 4-5. Prior treatment included medications and physical therapy. She presents on 05/12/2015 for re-evaluation of ongoing discomfort in her low back. She describes the pain as constant, moderate to severe in intensity and rated 5/10 with rest and 9/10 with activity. Physical exam noted tenderness to palpation over the lumbar paraspinous region. She had difficulty standing from a seated position and walked slightly bent over at the waist. Range of motion was decreased. Strength was normal throughout the lower extremities. She was neurologically intact and sensation was normal. Treatment plan included spinal consult, physical therapy and medications. The provider documents the injured worker had last completed physical therapy on 12/08/2014 with benefit in symptoms. The record dated 05/12/2015 is the only submitted record for review. The treatment request is for physical therapy for the lumbar spine, twice weekly for four weeks.

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, twice weekly for four weeks: 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: Physical Therapy for the lumbar spine, twice weekly for four weeks 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. The request for additional physical therapy for the lumbar spine is not medically necessary.