

Case Number:	CM15-0118451		
Date Assigned:	06/26/2015	Date of Injury:	09/26/2014
Decision Date:	07/28/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old male sustained an industrial injury to the back on 9/26/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy and medications. The total number of previous physical therapy sessions was unclear. X-rays of the thoracic spine and lumbar spine (10/3/14) were negative for a significant abnormality. In a PR-2 dated 5/6/15, the injured worker complained of low back pain, rated 6/10 on the visual analog scale, with radiation down bilateral legs associated with bilateral leg dysesthesias. Physical exam was remarkable for normal lumbar lordosis and normal gait, slight to moderate pain to palpation to the right paraspinal musculature of the mid and low back without spasms, no restriction to the lumbar spine range of motion, decreased bilateral ankle reflexes, normal motor strength to bilateral lower extremities with intact sensation and negative bilateral straight leg raise. Current diagnoses included lumbar spine sprain/strain, thoracic spine sprain/strain and sciatica. The treatment plan included additional physical therapy three times a week for two weeks

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for low back: 2 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for radiating back pain. When seen, he had completed five physical therapy treatments in April and May 2015 with a reported 70% improvement. He had also received three treatments in November 2014. There was right paraspinal muscle pain with palpation. Lumbar spine range of motion was normal. There was a normal neurological examination. An additional six physical therapy treatments were requested. Guidelines recommend 10-12 physical therapy visits over 8 weeks for the treatment of the claimant's condition. In this case, the claimant has normal lumbar spine range of motion and a normal neurological examination. The number of additional visits requested is in excess of that recommended or what might be needed to finalize a home exercise program. The request is not medically necessary.