

Case Number:	CM15-0119145		
Date Assigned:	06/29/2015	Date of Injury:	12/11/2014
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
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:

The injured worker (IW) is a 37-year-old male who sustained an industrial injury on 12/11/2014. Diagnoses include lumbar spine disc bulge and lumbar spine radiculitis. Treatment to date has included medications and physical therapy. According to the progress notes dated 2/19/15, the IW reported low back pain rated 7/10, tightness in the left hip to the toes and discomfort and spasms with fast movement. On examination, range of motion (ROM) of the lumbar spine was reduced. Diffuse tenderness was present over the lumbar paraspinal muscles and over the facets at L4 through S1. Kemp's test was positive bilaterally. Lower extremity motor strength, sensory testing and reflexes were normal. MRI of the lumbar spine on 1/23/15 showed multilevel degenerative disc disease; central canal narrowing at L4-5; and nerve root abutment at the L5 bilateral nerve root and the exiting left L2 nerve root. A request was made for physical therapy twice weekly for three weeks for the low back.

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 the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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 December 2014 and continues to be treated for low back pain and left lower extremity symptoms. He has completed at least nine physical therapy treatment sessions. When seen, there was lumbar spine tenderness with muscle spasm and positive straight leg raising. Kemp's testing was positive on the left side. Guidelines recommend up to 12 treatments over eight weeks for the claimant's condition. In this case, the number of additional treatments being requested is in excess of that recommendation or what would be expected to be needed to finalize his home exercise program. The request was not medically necessary.