

Case Number:	CM15-0121438		
Date Assigned:	07/02/2015	Date of Injury:	11/21/2014
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/23/2015

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 53 year old man sustained an industrial injury on 11/21/2014. The mechanism of injury is not detailed. Diagnoses include lumbar spine myofastis with disc injury. Treatment has included oral medications. Physician notes on a PR-2 dated 2/3/2015 show complaints of increasing back pain with radiation tot eh right lower leg. Recommendations include physical therapy.

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 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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-related injury in November 2014 and continues to be treated for low back pain. Treatments have included 7 physical therapy sessions with some improvement during treatment but with difficulty tolerating treatments due to pain and stiffness. When seen, there was decreased and painful lumbar range

of motion with tenderness and positive straight leg raising. There was lower extremity weakness. The assessment references consideration of aquatic therapy. Guidelines recommend up to 10-12 visits over 8 weeks for the treatment of this condition. There is no new injury and the claimant has already had physical therapy with reported improvement during treatments. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.