

Case Number:	CM15-0122757		
Date Assigned:	07/07/2015	Date of Injury:	05/30/2008
Decision Date:	08/06/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 48 year old female who sustained an industrial injury on 5/30/08. She had complaints of low back pain. Treatments to date include medication, physical therapy and epidural injections. Progress note dated 4/20/15 reports continued and worsening complaints of low back and bilateral extremity pain, numbness and tingling. Diagnoses: lumbar disc herniation, L4-L5 and L5-S1 with bilateral L5 radiculopathy. Visit note dated 6/10/15 reports reference to visit note dated 6/1/15 requesting treatment of physical therapy for further conditioning. The injured worker remains symptomatic. Diagnoses include: lumbar disc displacement without myelopathy, degeneration lumbar/lumbar sac disc and neuritis lumbosacral NOS. Work status is permanent and stationary with permanent disability.

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 (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: MTUS Guidelines state that physical therapy (PT) for ongoing chronic back pain should have clearly defined goals. In this case, the patient may be a candidate for continuing ongoing conservative management, however the request for 12 visits exceeds the guidelines. The patient should have frequent assessments following no more than 6 PT sessions according to guidelines to allow for modification of treatment as necessary. This request is not medically necessary due the number of visits (12) requested.