

Case Number:	CM15-0123224		
Date Assigned:	07/14/2015	Date of Injury:	10/14/2014
Decision Date:	08/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/26/2015

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 is a 35 year old male who sustained a work related injury October 14, 2014. According to a primary treating physician's progress report, dated April 24, 2015, the injured worker presented with back pain, rated 8/10, with radiation to the right leg. On examination, there is tenderness to the lumbar spine with spasm. Some handwritten notes are difficult to decipher. Diagnoses are back pain; intervertebral disc disease. A work status report, dated April 24, 2015, checks the injured worker to remain off work and requests and at issue, a request for authorization for physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial physical therapy three times a week times eight weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in October 2014 and is being treated for back pain with right lower extremity radiating symptoms. When seen, there was lumbar spine tenderness with spasms. Straight leg raising was positive. Authorization for 24 physical therapy treatment sessions was requested. Guidelines recommend up to 10 physical therapy treatments over 8 weeks for this condition when treated acutely and, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of treatments being requested is well in excess of either recommendation. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.