

Case Number:	CM15-0123894		
Date Assigned:	07/08/2015	Date of Injury:	12/05/2014
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male, who sustained an industrial injury on 12/5/14. He reported pain to the back, right elbow, and foot. The injured worker was diagnosed as having lumbar sprain/strain. Treatment to date has included physical therapy and medication. Physical examination findings on 2/18/15 included tenderness in the paralumbar region bilaterally. A strait leg raise test was negative bilaterally. Range of motion was restricted. Currently, the injured worker complains of low back pain with radiation to the mid back, upper back, and left leg. The treating physician requested authorization for physical therapy 3x4 for the lumbar spine. There were 6 sessions of prior therapy ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar spine 12 sessions, 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Physical Therapy.

Decision rationale: MTUS Guidelines consider up to 10 sessions of physical therapy as adequate for chronic conditions similar to what this individual has. This is consistent with ODG Guidelines, which consider 10 sessions of guided physical therapy as adequate for the low back diagnosis. The goal of therapy is education in safe activities and appropriate exercising. This individual has previously completed a course of physical therapy and the current request exceeds what is considered adequate treatment. A few more sessions to renew the benefits of therapy may be appropriate, but this request significantly exceeds Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The request for Physical therapy to the lumbar spine 12 sessions 3x4 is not supported by Guidelines and is not medically necessary.