

Case Number:	CM15-0127651		
Date Assigned:	07/14/2015	Date of Injury:	02/16/1999
Decision Date:	08/10/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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: Emergency 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:

This 65 year old male sustained an industrial injury to the low back on 2/16/99. Documentation did not disclose previous treatment or recent magnetic resonance imaging. In a PR-2 dated 6/9/15, the injured worker reported that his back pain was worsening again with increased pain in the right leg. The injured worker stated that previous physical therapy had helped a lot. Physical exam was remarkable for lumbar spine tenderness to palpation with decreased strength in the right leg. Heel-and-toe walk was unsteady. Current diagnoses included lumbago and lumbar spine degenerative disc disease. The treatment plan included a prescription for Motrin and twelve sessions of 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:

Physical therapy for the lumbar spine, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page 98-99.

Decision rationale: The requested Physical therapy for the lumbar spine, 12 sessions, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has back pain was worsening again with increased pain in the right leg. The injured worker stated that previous physical therapy had helped a lot. Physical exam was remarkable for lumbar spine tenderness to palpation with decreased strength in the right leg. Heel-and-toe walk was unsteady. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, physical therapy for the lumbar spine, 12 sessions is not medically necessary.