

Case Number:	CM15-0022337		
Date Assigned:	02/11/2015	Date of Injury:	05/14/2000
Decision Date:	04/09/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/05/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 69-year-old male, who sustained an industrial injury on 5/14/2000. He has reported low back, right wrist, bilateral arms and left foot. The diagnoses have included multilevel degenerative disc disease, status post discectomy with foraminal stenosis and spinal stenosis. Treatment to date has included epidural injections, oral injections and lumbar discectomy in 2000. (MRI) magnetic resonance imaging of lumbar spine performed on 9/10/13 revealed L4-5 and L5-S1 severe disc damage with stenosis. Currently, the injured worker complains of low back pain. The injured worker noted his level of functionality had decreased and pain in low back is worse. On physical exam tenderness was noted over the sacroiliac spine. On 1/19/15 Utilization Review submitted a modified certification for physical therapy 2 times per week for 6 weeks to 6 sessions to address the functional deficits and update a home exercise program. The ACOEM Guidelines was cited. On 2/4/15, the injured worker submitted an application for IMR for review of physical therapy 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 x 6: Upheld

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

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

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine."Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2). 10 visits over 8 weeks. Sprains and strains of unspecified parts of back (ICD9 847). 10 visits over 5 weeks. The records submitted for review do not indicate that the injured worker has been treated with physical therapy. It is indicated for the injured worker's low back pain, however, as the request is in excess of the guidelines recommended 10 visits, medical necessity cannot be affirmed.