

Case Number:	CM15-0022882		
Date Assigned:	02/12/2015	Date of Injury:	12/17/2012
Decision Date:	04/01/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/06/2015

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: Physical Medicine & Rehabilitation

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 31-year-old male who reported an injury on 12/17/2012. The mechanism of injury was the injured worker was trying to lift a mold to machine with the help of another employee and hurt his back. The injured worker was noted to undergo physical therapy previously. The injured worker underwent an x-ray and an MRI of the lumbar spine. There was a Request for Authorization submitted for review dated 01/30/2015. The documentation of 12/30/2014 revealed the injured worker had lumbar spine pain. The injured worker was utilizing Tylenol 2 to 3 times per day. The physical examination revealed the injured worker had decreased range of motion of the lumbar spine and his gait was slow and careful. The injured worker had paraspinal tenderness in the lower lumbar region, especially in L3-4 and L4-5 region bilaterally and in the thoracic spine and the upper lumbar approximately L3. Sensation was intact. Motor strength was 4/5 on the left quadriceps. The x-rays of 08/26/2014 revealed no listhesis, instability, and there were endplate changes at L5-S1 with mild levoscoliosis with rotation in lumbo/thoracic spine. The diagnoses included lumbar/lumbosacral disc degeneration, lumbar spondylosis without myelopathy, lumbago, and lumbar myofascial sprain and strain. The injured worker was performing home therapy exercises. The physician documented that the injured worker should have a book on back pain and exercises; however, the injured worker stated they had no money to purchase this. The recommendation was for physical therapy to work on lumbar/core strengthening.

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 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously attended physical medicine treatment. There was a lack of documentation of objective functional deficits remaining to support the necessity for additional therapy. The documentation indicated the injured worker was performing a home exercise program. The requested treatment would exceed guideline recommendations. Given the above and the lack of documentation of exceptional factors, the request for physical therapy to the lumbar spine 2 times a week for 6 weeks is not medically necessary.