

Case Number:	CM15-0061653		
Date Assigned:	04/07/2015	Date of Injury:	04/17/2008
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 female, who sustained an industrial injury on 4/17/2008. Diagnoses have included lumbago and lumbar radiculopathy. Treatment to date has included lumbar epidural steroid injection and medication. According to the progress report dated 3/11/2015, the injured worker complained of mid and low back pain. She reported that spasms had increased significantly in the past two weeks from her low back pain radiating up to her mid back. She complained of decreased range of motion in her back. She rated her pain as an eight on the pain scale. Exam of the lumbar spine revealed palpable twitch positive trigger points in the lumbar paraspinal muscles. Authorization was requested for physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy evaluation & treatment, 2 times weekly for 6 weeks, 12 sessions:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records indicate PT eval for the lumbar spine with physical examination noting strength decrease and reduced ranged of motion. MTUS supports PT for identified deficits with goals of therapy and supports up to 12 visits for lumbar pain. The medical records support the presence of strength deficits for which PT may benefit the insured. Therefore, the request is medically necessary.