

Case Number:	CM15-0065985		
Date Assigned:	04/13/2015	Date of Injury:	11/04/2009
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/07/2015

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, 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 65 year old male, who sustained an industrial injury on 11/04/2009. On provider visit dated 01/08/2015 the injured worker has reported low back pain. On examination of the lumbosacral spine there was noted myofascial tenderness to palpation and trigger point tenderness in right paraspinal region as well as a decreased range of motion. The diagnoses have included lumbago, displacement lumbar disc without myelopathy and degenerative lumb/lumbosac intervert disc. Treatment to date has included an unclear number of completed sessions of physical therapy, laboratory studies and medication. The provider requested physical therapy 2 x 4 to lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 4 to lumbar: 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): 99.

Decision rationale: In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the functional benefit from prior therapy and a comprehensive summary of past therapy over time is not submitted. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. According to the claims administrator, the patient has had at least 14 visits of PT. Given this, per guidelines the patient should be transitioned to self-directed home exercises. Therefore additional physical therapy is not medically necessary.