

Case Number:	CM15-0072370		
Date Assigned:	04/22/2015	Date of Injury:	07/15/2011
Decision Date:	05/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/15/2015

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: Massachusetts

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 39 year old male, who sustained an industrial injury on 7/15/11. He reported low back pain. The injured worker was diagnosed as having lumbar radiculitis and lumbosacral strain. Treatment to date has included oral medications and physical therapy. Currently, the injured worker complains of intermittent low back rated as 5-6/10 with radiation to buttocks. He also reports slight numbness over lateral right foot and left first toe. Physical exam noted tenderness over paralumbar muscles and sacroiliac region bilaterally with slight tenderness over right gluteal notch. The treatment plan included work hardening, conditioning and strengthening program, oral steroids and follow up with primary care physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic low back pain. Prior treatments have included physical therapy. When seen, there was decreased, asymmetric and painful lumbar spine range of motion with tenderness of the spinous processes, paraspinal muscles, and right sacroiliac joint. There was no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.