

Case Number:	CM15-0076654		
Date Assigned:	04/28/2015	Date of Injury:	07/18/2011
Decision Date:	05/26/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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 43-year-old male, who sustained an industrial injury on 7/18/2011. He reported injury when slipping on gravel. The injured worker was diagnosed as having lumbosacral strain, sciatica, lumbosacral spondylosis and lumbosacral disc degeneration. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, home exercises and medication management. In a progress note dated 3/12/2015, the injured worker complains of severe low back pain with parasthesias down the bilateral lower extremities. The treating physician is requesting 12 sessions of lumbar physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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 radiating back pain. When seen, he was having severe low back pain radiating into the lower extremities. Prior treatments had included medications and physical therapy including a home exercise program. 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 claimant has had physical therapy and there is no new injury. The number of visits being requested is in excess of the guideline recommendation. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency. The requested physical therapy was not medically necessary.