

Case Number:	CM15-0076813		
Date Assigned:	04/28/2015	Date of Injury:	11/25/2014
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
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 39 year old male, who sustained an industrial injury on 11/25/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbago. There is no record of a recent diagnostic study. Treatment to date has included home exercises and medication management. In a progress note dated 1/5/2015 and in a physical therapy visit on 3/5/2015, the injured worker complains of low back pain. The treating physician is requesting 12-18 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, physical therapy (2) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for low back pain. Treatments have included physical therapy including a home exercise program. As of 12/29/14, he had completed 12 treatment sessions. When seen, he was having ongoing low back pain. He had lumbar spine and sacroiliac joint tenderness with negative straight leg raising. Additional physical therapy was requested. Guidelines recommend up to 10 treatments sessions over eight weeks for this condition. In this case, the claimant has already had in excess of the number of treatments recommended. He has had instruction in a home exercise program. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.