

Case Number:	CM15-0078319		
Date Assigned:	04/29/2015	Date of Injury:	07/18/2014
Decision Date:	05/28/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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 48 year old male, who sustained an industrial injury on July 18, 2014. He has reported lower back pain. Diagnoses have included lumbosacral sprain/strain, and lumbar spine disc protrusion. Treatment to date has included medications and physical therapy. A progress note dated March 19, 2015 indicates a chief complaint of increased lower back pain following physical therapy. The provider documented that the injured worker would need to decrease the intensity of the physical therapy. The treating physician documented a plan of care that included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, p125.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for low back pain. When seen, he had completed 17 physical therapy sessions. An additional 8 sessions was being requested. The treating provider documents the plan as for work hardening 2 times per week for 4 weeks. The purpose of work conditioning / hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than 1-2 weeks if there is evidence of patient compliance and demonstrated significant gains. In this case, although work conditioning might be appropriate for this claimant, it is being requested two times per week for four weeks. This would not be an effective means of preparing the claimant to return to work and therefore, it cannot be considered as medically necessary.