

Case Number:	CM15-0092802		
Date Assigned:	05/19/2015	Date of Injury:	10/27/2014
Decision Date:	06/18/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/14/2015

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: Emergency Medicine

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 58-year-old male, who sustained an industrial injury on 10/27/2014. Diagnoses include lumbar pain, stenosis and cervical pain. Treatment to date has included medications including NSAIDs and physical therapy. Magnetic resonance imaging (MRI) of the lumbar spine dated 11/18/2014 revealed spinal stenosis and facet arthropathy at the L4-L5 and L5-S1 levels. There is loss of disk height at the L5-S1 level. Per the New Patient Evaluation dated 4/17/2015, the injured worker reported upper right neck pain radiating into the right shoulder, as well as low back pain. Pain level is rated as 7/10 and continuous and is worse in the low back. Physical examination revealed hypoactive deep tendon reflexes to the bilateral biceps, triceps, brachioradialis, patella and Achilles. He was able to forward flex at the waist to only 30 degrees and extend to 20 degrees. His motor strength was intact to the lower extremities and straight leg raise was negative. The plan of care included physical therapy and authorization was requested for physical therapy (2-3x per week for 6 weeks).

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 Physical Medicine Page(s): 98, 99 of 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested Physical Therapy 2-3 times a week for 6 weeks is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has upper right neck pain radiating into the right shoulder, as well as low back pain. Pain level is rated as 7/10 and continuous and is worse in the low back. Physical examination revealed hypoactive deep tendon reflexes to the bilateral biceps, triceps, brachioradialis, patella and Achilles. He was able to forward flex at the waist to only 30 degrees and extend to 20 degrees. His motor strength was intact to the lower extremities and straight leg raise was negative. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Physical Therapy 2-3 times a week for 6 weeks is not medically necessary.