

Case Number:	CM15-0094662		
Date Assigned:	05/20/2015	Date of Injury:	01/20/2015
Decision Date:	06/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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 32-year-old male, who sustained an industrial injury on 1/20/2015. Diagnoses include lumbar musculoligamentous strain/sprain injury with radiculitis. Treatment to date has included diagnostics, medications including over the counter analgesics, activity modification and physical therapy. Radiographic imaging dated 3/23/2015 revealed a suggestion of degenerative disc disease. Per the Primary Treating Physician's Progress Report dated 4/23/2015, the injured worker reported that he feels the same. Walking and driving long increases the low back pain. Objective findings showed no change. Per the Initial Comprehensive Orthopedic Evaluation dated 3/23/2015, he reported constant low back pain rated as 5-8/10 with radiation down the posterior aspect of the left buttock. Objective findings included almost full range of motion of the cervical spine having mid lumbar pain toward the left lower buttock region to the left buttock. The plan of care included home exercise, physical therapy and over the counter Advil or Tylenol as needed for pain. Authorization was requested for physical therapy (2x6) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 6 weeks, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for a diagnosis of a low back strain. When seen, there was decreased lumbar spine flexion. There was no muscle tenderness or spasm and there was a normal neurological examination. He was having increasing pain with walking and driving. Guidelines recommend up to 10 visits over 8 weeks for this condition, although goals can usually be achieved with fewer visits. In this case, the number of treatments requested is excessive and not medically necessary.