

Case Number:	CM13-0001224		
Date Assigned:	03/05/2014	Date of Injury:	03/15/2011
Decision Date:	04/09/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33 year old male with date of injury 3/15/11. The treating physician report dated 3/28/13 indicates that the patient presents with chronic low back pain and right lower extremity pain. The current diagnoses are lumbar disc displacement without myelopathy, and Sciatica. The utilization review report dated 7/1/13 stated that the patient had received 17 physical therapy sessions and denied additional physical therapy, 12 sessions on the absence of documented functional improvement and lack of guidelines support.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) SESSIONS PER WEEK FOR SIX (6) WEEKS TO LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines allow 8-10 therapy visits. When reading the Official Disability Guidelines (ODG) for additional discussion, 6 initial therapy visits and up to 10-12 sessions are recommended with improvement. In this case, there is

a request for 12 sessions; the utilization review indicates history of some 17 sessions already performed. The current request for 12 sessions exceeds what MTUS guidelines allows for this type of condition, and exceeds what is recommended by ODG for a trial of 6 sessions. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. The request for physical therapy twice a week for six weeks for the lumbar spine is not medically necessary and appropriate.