

Case Number:	CM13-0003016		
Date Assigned:	12/11/2013	Date of Injury:	03/08/2012
Decision Date:	01/16/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/24/2013

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 family medicine, 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.

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 46-year-old male who reported an injury on 03/08/2012. The patient's symptoms are noted as low back and left lower extremity pain. Objective findings include that the patient ambulates to the examination room without assistance. The patient's diagnosis is stated as degenerative disc disease with grade I anterolisthesis of L5 on S1. The patient was noted to have previously completed 16 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the lower back, twice per week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Guidelines state that physical medicine is recommended for myalgia and myositis at 9-10 visits over eight weeks. As the patient was noted to have previously participated in 16 visits of physical therapy, which exceeds the guidelines' recommendations of 9 visits to 10 visits over eight weeks, and his recent physical examination findings were negative for significant functional deficits, the request is not supported. The request for additional

physical therapy for the lower back, twice per week for three weeks, is not medically necessary or appropriate.