

Case Number:	CM13-0006088		
Date Assigned:	12/27/2013	Date of Injury:	10/15/2012
Decision Date:	03/31/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/02/2013

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 Occupational 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:

According to the records made available for review, this is a 31-year-old male with a 10/15/12 date of injury. At the time of request for authorization for Physical Therapy For The Low Back 2 X 6, there is documentation of subjective (low back pain that is exacerbated by bending and lifting) and objective (tenderness to palpation and spasms in the lumbar spine) findings, current diagnoses (lumbosacral strain with L4-5 and L5-S1 disc and lipomatosis), and treatment to date (activity modification, physical therapy, and medications). There is no documentation of the number of previous physical therapy sessions and, if the number of sessions have already exceeded guidelines, documentation of exceptional factors. In addition, there is no documentation of objective improvement with previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LOW BACK 2 X 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), 6 - PAIN, SUFFERING, AND THE REST. OF FUNCT., 114

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function, page 114, as well as the Official Disability Guidelines (ODG), Shoulder, Physical therapy (PT).

Decision rationale: MTUS reference to ACOEM identifies the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprain/strain not to exceed 10 sessions over 8 weeks; and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines. Within the medical information available for review, there is documentation of diagnoses of lumbosacral strain with L4-5 and L5-S1 disc and lipomatosis. In addition, there is documentation of previous physical therapy sessions complete to date, functional deficits, and functional goals. However, there is no documentation of the number of previous physical therapy sessions and, if the number of sessions have already exceeded guidelines, documentation of exceptional factors. In addition, there is no documentation of objective improvement with previous physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy For The Low Back 2 X 6 is not medically necessary.