

Case Number:	CM13-0008153		
Date Assigned:	11/27/2013	Date of Injury:	09/01/2007
Decision Date:	03/06/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/07/2013

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 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 51 year old male who reported an injury on 09/01/2007. The patient is currently diagnosed with lumbar degenerative disc disease. The patient was recently seen by [REDACTED] on 10/28/2013. The patient reported cramping and spasm and persistent lower back pain. Physical examination revealed 5/5 motor strength of bilateral lower extremities, 2+ patella and Achilles reflexes bilaterally, normal sensation, and no acute distress. Treatment recommendations included continuation of current medications and physical therapy 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 3x6 weeks, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 1, 10, 26.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading

of treatment frequency plus active self-directed home physical medicine. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. As per the clinical notes submitted, the patient has previously participated in a course of physical therapy. The patient completed 18 postoperative therapy sessions and should be well versed in a home exercise program. Documentation of a significant musculoskeletal or neurological deficit requiring skilled physical medicine treatment has not been provided. The medical necessity for ongoing physical therapy has not been established. As such, the request is non-certified.