

Case Number:	CM13-0008157		
Date Assigned:	12/11/2013	Date of Injury:	07/11/2012
Decision Date:	01/30/2014	UR Denial Date:	07/23/2013
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 Family Practice 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 was a 46 year old male with a date of injury of 07/11/2012. Prior treatment includes an epidural steroid injection on 03/04/2013 with good results. The patient underwent a discectomy in the L4-5 region on 04/22/2013. The patient was documented to have begun physical therapy on 05/21/2013 and was responding well to physical therapy but had complaints of soreness with prolonged sitting or walking on 06/19/2013. On 10/22/2013, the patient reported that physical therapy had improved his symptoms. On 11/18/2013, the patient reported a flare-up had occurred two weeks prior to visit but was resolving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 weeks of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability 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 request for physical therapy 2x4 weeks lumbar spine is non-certified. The patient was participating in a physical therapy program. The patient participated in 6+ sessions which improved his symptoms. The

patient reported a flare-up which he stated improved without medical intervention. The guidelines recommend 9-10 visits for myalgia and myositis to help improve functional objective deficits. The clinical information submitted did not include objective findings of remaining functional deficits, muscle weakness, impaired range of motion and inhibited endurance. Given the information provided the request for physical therapy 2x4 weeks lumbar spine is non-certified.