

Case Number:	CM13-0008800		
Date Assigned:	06/06/2014	Date of Injury:	12/12/2012
Decision Date:	07/31/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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 expert 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 injured worker is a 34 year old female who sustained injury to her low back on 12/12/12 while pulling pallets. The injured worker stated that her low back pain was of moderate intensity and constant. Aggravating factors included bending, squatting, waist bending. The injured worker stated that her low back pain was a little bit better, but she was still frustrated. The injured worker had been authorized for an additional regimen of six physical therapy visits including active and passive modalities. The injured worker stated that there was some associated numbness around the lower abdomen and she requested a magnetic resonance image of the lumbar spine. Physical examination of the lumbar spine noted stability; normal lumbar lordosis; mild tenderness to the lumbar spine and paravertebral muscles; forward flexion to 15 degrees; axial rotation caused moderate pain. The injured worker was diagnosed with a lumbar sprain and placed on modified work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy times 12 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

Decision rationale: There was no mention that a surgical intervention had been performed or was anticipated. The previous request was partially certified for initial regimen of six visits. The Official Disability Guidelines recommend up to 10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three times or more per week to one or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for additional physical therapy times 12 visits is not medically necessary.