

Case Number:	CM13-0009592		
Date Assigned:	09/11/2013	Date of Injury:	04/25/2005
Decision Date:	02/19/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/09/2013

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 Orthopedic Surgery, 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 claimant is a 59-year-old gentleman who sustained an injury to the lumbar spine in a work related accident on April 25, 2005. Recent clinical records for review indicated a diagnosis of chronic low back pain when the claimant was seen by [REDACTED] on May 17, 2013. Physical examination findings showed restricted lumbar range of motion and treatment recommended to continue medication management. Further follow up with [REDACTED] on June 14, 2013 noted a diagnosis of discogenic back pain at multiple levels and examination showed restricted range of motion and no neurologic findings. Recommendations at that time included a course of formal 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:

The prospective request for 8 physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134, Chronic Pain Treatment Guidelines (May 2009), Sections on Physical Therapy and Lumbar Spine.

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

Decision rationale: The Physician Reviewer's decision rationale: Based on MTUS Chronic Pain Medical Treatment 2009 Guidelines, physical therapy for eight sessions would not be indicated. While clinical records indicate chronic complaints to the low back, the records do not indicate this request was associated with a symptomatic flare or significant physical examination symptoms that would warrant the role for acute need for physical therapy at this stage in the chronic course of care now greater than eight years post injury. Given the claimant's current working diagnosis and lack of physical exam findings or increased subjective complaints, eight physical therapy sessions for the lumbar spine are not supported.