

Case Number:	CM13-0009849		
Date Assigned:	09/17/2013	Date of Injury:	02/08/2003
Decision Date:	02/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

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, has a subspecialty in Interventional Spine, 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:

This is a 51 year-old male with a 2/8/2003 injury date. The patient has been diagnosed with lumbosacral spondylosis without myelopathy; shoulder impingement and obesity by the provider, as indicated on his 9/18/13 progress report. Additionally, the patient has diagnoses of lumbar disc degeneration with radiculitis and low back pain, as noted by the provider on his 9/23/13 report. The patient is reported to have had decompression surgery L4-S1 by the treating physician on 11/14/12. The Independent Medical Review (IMR) application shows a dispute with the 7/31/13 utilization review (UR) decision for physical therapy (PT) 3x4 for the lower back. The UR decision was based on the 7/18/13 medical report. The 7/18/13 medical report is from the provider and notes the patient slipped and fell in the restroom at the medical appointment today and aggravated the shoulder and back injuries. The provider requested PT 3x4 for the back and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xwk x4wks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical medicine.

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

Decision rationale: The patient is reported to have had lumbar surgery on 11/14/12, and was not in the post-surgical physical medicine treatment timeframe at the time of the 7/18/13 request for physical therapy (PT). The document submitted for review indicate that the patient was reported to have slipped and fell on 7/18/13 at the doctor's building and flared up the back and shoulder problem. The physician requested PT 3x4. The MTUS guidelines indicate that for myalgias and neuralgias: 8-10 sessions of PT may be provided. The request for 12 sessions of PT exceed the MTUS recommendations. Therefore, the request is not certified.