

Case Number:	CM13-0015420		
Date Assigned:	12/27/2013	Date of Injury:	09/21/2012
Decision Date:	03/05/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/22/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 46 year old man who sustained a work related injury on February 25, 2013. Subsequently he developed chronic lower back pain. According to the notes of April 29, 2013, June 17, 2013, June 20, 2013, and July 1 and 22nd 2013, the patient reported low back pain with numbness, tingling in both legs, lumbar tenderness with reduced range of motion. His physical examination demonstrated antalgic gait, positive lumbar tenderness and negative femoral stretch bilaterally. The patient was started on physical therapy, however, the patient continue report lumbar pain radiating to the buttock. According to the note of August 21, 2015, the patient underwent 18 sessions of physical therapy and fatigue complaints chronic back pain. He was also treated with muscle relaxants and moist heat which helped with the pain. The provider requested authorization for 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x6 sessions for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 308.

Decision rationale: Manipulation for patients with undiagnosed neurological deficit and prolonged course of manipulation (More than 4 weeks) is not recommended. There no clear documentation of improvement to able the patient to use an independent home exercise program with the previous 18 PT sessions. Hi improvement with previous PT sessions seems to be suboptimal and there is no clear justification for the need for more PT (such as objective quantification of progression of a deficit). Therefore, request for Additional physical therapy x6 sessions for lumbar spine is not medically necessary.