

Case Number:	CM13-0016555		
Date Assigned:	11/06/2013	Date of Injury:	04/17/2012
Decision Date:	01/16/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

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 Internal Medicine and Cardiology, was fellowship trained in Cardiovascular Disease, 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 is a 44-year-old male who reported an injury on 4/17/12 due to cumulative trauma while performing normal job duties. The patient has been conservatively treated with physical therapy, a TENS unit, massage therapy, chiropractic care, medications, and an epidural steroid injection. The patient's most recent physical findings included ongoing low back complaints rated 6/10 radiating into the lateral aspect of the right thigh with occasional radiation into the left thigh. The patient's diagnoses included underlying degenerative disc disease L5-S1, possible right sided far lateral disc protrusion L5-S1, and right-sided S1 radiculitis versus radiculopathy, cervical myofasciitis with disc dehydration at the C6-7 level and mild bilateral carpal tunnel syndrome. The patient's treatment plan included cognitive behavioral therapy, a steroid injection for the patient's carpal tunnel syndrome, and physical therapy for the patient's low back complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

eight outpatient physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient does have continued low back complaints of pain rated as 6/10, and the California MTUS does recommend active therapy to address pain complaints. However, the clinical documentation submitted for review indicates that the patient has previously received physical therapy for this complaint. The extent of that therapy was not provided. As there is no documentation that the patient is participating in a home exercise program, and there is no way to determine the effectiveness and duration of previous physical therapy, additional physical therapy would not be supported by guideline recommendations. As such, the requested eight outpatient physical therapy sessions for the lumbar spine are not medically necessary or appropriate.