MAXIMUS Federal Services

Case Number:	CM13-0016914		
Date Assigned:	11/06/2013	Date of Injury:	06/09/2006
Decision Date:	01/31/2014	UR Denial Date:	07/31/2013
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 Family Practice 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 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 was a 62 year old male who was seen on 7/23/2013 for low back and neck pain. The patient had participated in a physical therapy program. The patient complained of his pain inhibiting his ability to perform ADLs and ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 8 for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for physical therapy 2 times 8 for lumbar spine is non-certified. The patient had participated in physical therapy sessions. The number of sessions was not submitted for review. The guidelines recommend 9-10 visits over 8 weeks. The request for physical therapy 2 times 8 exceeds the guideline recommendations. The guidelines recommend therapeutic exercise and/or activity for restoring flexibility, strength, endurance, function, range of motion. The patient had no objective findings of lack of flexibility, strength, endurance or range of motion. Furthermore, there were no objective findings of patient improvement from

previous physical therapy sessions. Given the information submitted for review the request is non-certified.

Soma 350 1 by mouth twice daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29.

Decision rationale: The request for Soma 350 1 by mouth twice daily, #60 is non-certified. The guidelines do not recommend the use of Soma. There was no documentation provided regarding the patient taking Soma prior to this request. Given the information submitted for review the request for Soma 350 1 by mouth twice daily, #60 is non-certified.