

Case Number:	CM13-0020780		
Date Assigned:	10/11/2013	Date of Injury:	11/04/2012
Decision Date:	03/14/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/06/2013

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 & 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 43 year-old female paramedic who was injured on 11/4/12 when she was assisting an older gentleman who had fallen. She has been diagnosed with L4/5 disc annular tear with facet syndrome. The IMR application shows a dispute with the 8/26/13 UR decision which was from [REDACTED] and recommended non-certification for the PT 2x6, based on the 7/24/13 report from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Low Back, Web Edition, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9 of 127.

Decision rationale: The patient is not in a post-surgical treatment timeframe, so the MTUS chronic pain medical treatment guidelines apply. MTUS recommends 8-10 sessions of PT for

various and unspecified myalgias and neuralgias. The patient is reported to have attended over 20 PT sessions previously. The request for PT x12 will exceed the MTUS recommendations.