

Case Number:	CM13-0022674		
Date Assigned:	11/13/2013	Date of Injury:	09/29/2012
Decision Date:	02/20/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/10/2013

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 Pediatric Rehabilitation and is licensed to practice in Illinois, Indiana, and 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 is a 43-year-old female who reported a work-related injury on 09/29/2012; specific mechanism of injury was not stated. The clinical note dated 10/15/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports ongoing low back pain that causes her to sleep upright. The provider documents the patient continues to report utilization of home exercises, yet the patient reports pain persists. Upon physical exam of the patient, the provider documented range of motion of the lumbar spine was as followed: 25 degrees flexion, 5 degrees extension, 15 degrees of bilateral lateral bending, and 20 degrees of bilateral rotation. The patient had 5/5 motor strength noted throughout and sensory exam testing from L1-S1 was within normal limits with the exception of decreased sensation about the right lower extremity per the provider. The provider recommends 2 sessions of physical therapy x3 weeks for the patient's lumbar spine pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3 to low back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The current request is supported. The clinical documentation submitted for review reports the patient last utilized supervised therapeutic interventions in 11/2012. The patient currently presents with an exacerbation of her lumbar spine pain complaints with significant decrease in range of motion about the lumbar spine noted and decrease in sensory evaluation of the right lower extremity. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active, self-directed home physical medicine. As the patient has failed to progress with her current lumbar spine pain complaints and dysfunction independently, the request for PT 2 x 3 to low back is medically necessary and appropriate.