

Case Number:	CM13-0023756		
Date Assigned:	12/13/2013	Date of Injury:	02/19/2013
Decision Date:	03/05/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/12/2013

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 Orthopedic Surgery, has a Spine Fellowship 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 31-year-old female with a 2/19/13 date of injury. At the time of request for the physical therapy, there is documentation of subjective low back pain with increased stiffness and objective decreased lumbar spine range of motion, with pain, with current diagnoses of lumbosacral spine sprain/strain, rule out occult lumbar disc disease. Treatment to date includes 6 visits of chiropractic therapy. The 5/24/13 medical report indicates that mild paralumbar tenderness is present with no spasm, no tenderness in the midline, and no sacroiliac joint tenderness is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back (2 times per week for 8 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy (Low Back)

Decision rationale: The MTUS guidelines identify documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of physical

therapy for the low back. The Official Disability Guidelines support up to 10 therapy visits. Within the medical information available for review, there is documentation of objective functional deficits and functional goals. However, the proposed number of physical therapy sessions exceeds the guidelines. Therefore, the requested physical therapy is not medically necessary or appropriate.