

Case Number:	CM13-0024485		
Date Assigned:	12/13/2013	Date of Injury:	10/28/2012
Decision Date:	03/12/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

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 and rehabilitation 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 21-year-old female who reported a work-related injury on 10/28/2012 as result of a fall. The clinical notes evidence the patient has completed 28 sessions of physical therapy for her lumbar spine pain complaints, as well as chiropractic treatment and acupuncture. The most recent legible clinical note with physical exam of the patient dated 08/06/2013 is a physical therapy re-evaluation which documented the patient reported she was unable to attend physical therapy during the past 2 months, but reported her lumbar spine pain was decreased. The patient reported main complaint was radiation of pain to the bilateral lower extremities. The provider documented the patient reports increased range of motion and strength was noted upon physical exam of the patient with range of motion of the lumbar spine noted at 50 degrees flexion, 20 degrees extension, bilateral lateral rotation 20 degrees, and rotation bilaterally at 40 degrees. The provider documented the patient was recommended to continue with physical therapy modalities and the patient was instructed in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar Spine 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences this patient has completed over 28 sessions of physical therapy, chiropractic treatment, and acupuncture treatment all directed toward the patient's lumbar spine strain diagnoses status post a work-related fall with injury sustained in 10/2012. At this point in the patient's treatment, utilization of an independent home exercise program for any remaining deficits about the lumbar spine would be indicated. As California MTUS states allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active, self-directed home physical medicine. Given the above, the request for physical therapy lumbar spine 2x4 is not medically necessary or appropriate.