

Case Number:	CM13-0024511		
Date Assigned:	11/20/2013	Date of Injury:	02/14/2012
Decision Date:	02/03/2014	UR Denial Date:	08/28/2013
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 Internal Medicine, 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 is a 54-year-old injured worker who reported a work-related injury on 02/14/2012, as a result of a fall. Since the date of injury, the patient's treatment has included lumbar epidural steroid injections, a medication regimen, and 24 sessions of physical therapy. The clinical note dated 09/06/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with complaints of pain to the low back that is constant, range of motion is reduced secondary to pain. The provider documented upon physical exam of the patient's lumbar spine, tenderness to palpation to the lumbar midline and bilateral sciatic notches were noted. The patient experiences pain with range of motion, greater with flexion. The provider documented the patient utilizes a lumbar support. Clinical notes indicate that the patient is reporting increasing pain despite conservative care to include medications and modified activities. The provider recommended another course of conservative care consisting of acupuncture, 6 sessions, to the patient's lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight visits of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, state, allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The clinical documentation submitted for review reports since the patient's date of injury on 02/14/2012, the patient has completed 24 sessions of physical therapy for the lumbar spine. At this point in the patient's treatment, continued utilization of an independent home exercise program would be indicated. The clinical notes failed to evidence any significant motor, neurological, or sensory deficits upon exam of the patient. The patient's primary complaint is pain and decrease in range of motion secondary to pain. The request for eight visits of physical therapy is not medically necessary and appropriate.