

Case Number:	CM13-0025513		
Date Assigned:	11/20/2013	Date of Injury:	02/29/2012
Decision Date:	01/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/17/2013

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 Pain Medicine 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 65-year-old male who reported an injury on 02/29/2012 due to a fall. The patient was initially treated with physical therapy, chiropractic care, activity modification, and medications. The patient underwent MRI that revealed there was a disc bulge at the L5-S1 level descending on the left S1 exiting nerve root. The patient developed chronic low back pain and was managed with a TENS unit and medications. The patient's most recent evaluation findings included low back pain radiating into the lower extremities. The patient had a slowed gait. It was noted the patient had been authorized for physical therapy. The patient's diagnoses included lumbar disc displacement and lumbar disc degeneration. The treatment plan was to continue a home exercise program, participate in the authorized physical therapy, and continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): s 98-99.

Decision rationale: The requested physical therapy is not medically necessary or appropriate. The clinical documentation submitted for review does indicate the patient previously participated in physical therapy. The California Medical Treatment Utilization Schedule recommends up to 10 visits for this type of injury. The clinical documentation submitted for review did not provide the duration of physical therapy the patient previously participated in. Additionally, the efficacy of that therapy was not established. Therefore, continuation of physical therapy would not be supported. As such, the requested physical therapy is not medically necessary or appropriate.