

Case Number:	CM13-0026076		
Date Assigned:	11/22/2013	Date of Injury:	08/07/1995
Decision Date:	02/10/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/18/2013

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 Family Practice 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 46-year-old male who reported a work related injury on 08/07/1995, the specific mechanism of injury not stated. The patient current presents for treatment of the following diagnosis, lumbar facet arthropathy improved after third epidural injection. Clinical note dated 08/20/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient completed 2 post procedure physiotherapy visits that were allotted status post injection therapy. The patient reports these interventions were positive for his pain complaints; however, not a significant strengthening of his core to allow him to continue to improve. The provider documentation no physical exam of the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions for the lumbar spine, 2 times a week for 6 weeks:
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 Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the provider is requesting 12 additional physical therapy visits for the patient status post epidural steroid injections; however, at this point in the patient's treatment per California MTUS the patient should be utilizing an independent home exercise program. In addition, the provider documented the patient did complete 2 to 3 sessions of physical therapy status post injections, which Official Disability Guidelines indicate support for 1 to 3 sessions injection therapy. Given the lack of a recent physical exam of the patient status post injections and a failure to evidence significant objective functional deficits, the request 12 additional physical therapy sessions for the lumbar spine, 2 times a week for 6 weeks is not medically necessary or appropriate.