

Case Number:	CM13-0030233		
Date Assigned:	11/27/2013	Date of Injury:	12/01/2009
Decision Date:	02/04/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 37 year old female who sustained an injury on 12/01/2009. The patient has complaints of low back pain that radiated down both legs. The patient had limited range of motion, instability, decreased strength some sciatica and decreased lower extremity reflexes on the right noted on 09/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy for the Lumbar Spine 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient documentation submitted for review notes the patient's pain to be neuropathic. The MTUS guidelines recommend physical medicine for neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. The request for 12 physical therapy sessions exceeds guideline recommendations. The patient has no documented objective findings of decreased flexibility, strength, endurance, function, and range of motion. Physical therapy is recommended for restoring flexibility, strength, endurance, function, and range of motion by

guidelines. Given the information submitted for review the request for 12 Physical therapy for the Lumbar Spine 3 times per week for 4 weeks, as outpatient is non-certified.