

Case Number:	CM13-0032088		
Date Assigned:	12/04/2013	Date of Injury:	03/30/1993
Decision Date:	09/10/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 records presented for review indicate that this 45-year-old female was reportedly injured on March 30, 1993. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated September 4, 2013, indicates that there are ongoing complaints of low back pain. Current medications were stated to include Advil. The physical examination demonstrated tenderness at the left sciatic notch. Lumbar spine range of motion was restricted and painful. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed moderate narrowing at the L4/L5 and L5/S1 disc levels. Previous treatment includes lumbar spine surgery and subsequent physical therapy. A request had been made for physical therapy three times a week for two weeks for the low back and was not certified in the pre-authorization process on October 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR TWO WEEKS TO THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the American College of Occupational and Environmental Medicine physical therapy for the lumbar spine should include 1 to 2 visits for education, counseling, and evaluation of home exercise program for range of motion and strengthening. The injured employee has had previous physical therapy for the lumbar spine and there is no documentation of objective or subjective benefit from this therapy. For these reasons, this request for Physical Therapy three times a week for two weeks for the Low Back is not medically necessary.