

Case Number:	CM13-0034711		
Date Assigned:	12/11/2013	Date of Injury:	04/13/1993
Decision Date:	04/14/2014	UR Denial Date:	09/28/2013
Priority:	Standard	Application Received:	10/15/2013

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 Internal Medicine, and is licensed to practice in New York. 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 patient is a 54 year old male with a date of injury of 04/13/1993. He has low back pain radiating to his right lower extremity. On 02/18/2013 it was noted that he was dependent on opioids for pain control. He had previous physical therapy, medications and epidural steroid injections. In 03/2013 he had a MRI of the lumbar spine that revealed mild foraminal narrowing at L4-L5 and L5-S1. There was 3 mm disc bulge. Spinal stenosis was not present. On 05/22/2013 three physical therapy visits were authorized. It is unclear if he ever received the three physical therapy visits. 18 more physical therapy visits were requested but then it was noted that courses of physical therapy were not effective in the past and the request was withdrawn.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 18 VISITS FOR THE LUMBAR SPINE 3 TIMES PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 109.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: It is unclear in the medical records provided for review how many courses of physical therapy the patient has had in the past 20 years. ACOEM Guidelines note that in the absence of red flag signs a few physical therapy visits may be indicated for instruction in a home exercise program. The MTUS Chronic Pain Guidelines allow for a maximum of 10 physical therapy visits. The requested 18 visits exceeds the maximum number of physical therapy visits allowed in the MTUS Guidelines. The request for 18 visits of physical therapy is not medically necessary and appropriate.