

Case Number:	CM13-0035714		
Date Assigned:	12/13/2013	Date of Injury:	01/07/2013
Decision Date:	04/21/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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 35-year-old male who reported an injury on 01/07/2013 after a slip and fall. The patient reportedly sustained an injury to his low back. The patient's treatment history included physical therapy, NSAIDs, muscle relaxants, and activity modifications. The patient's most recent clinical evaluation documented that the patient had tenderness to palpation over the paraspinal musculature with a straight leg raising test causing low back pain to the right, 5/5 muscle strength except for the right EHL which was 4/5 and intact sensation at the bilateral lower extremities. The patient's diagnoses included chronic low back pain, lumbar disc herniation at the L5-S1, and possible right L5 radiculopathy. The patient's treatment recommendations included continued medications, epidural steroid injections and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X PER WK X6 WKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Worker's Compensation, Online Edition, Chapter on Low Back-Lumbar and Thoracic (Acute and Chronic), Physical Therapy Guidelines

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

Decision rationale: The requested physical therapy 2 times per week for 6 weeks for the lumbar spine is not medically necessary or appropriate. The Chronic Pain Medical Treatment Guidelines recommends up to 10 visits of physical therapy for this type of injury. The clinical documentation submitted for review does indicate that the patient has previously participated in physical therapy. The duration and frequency of that therapy and efficacy of that therapy was not submitted for review. Therefore, there is no way to determine the need for additional physical therapy. As the requested 12 visits exceed the guideline recommendations without exceptional factors to extend treatment, the appropriateness of the request cannot be determined. As such, the requested physical therapy 2 times per week for 6 weeks for the lumbar spine is not medically necessary or appropriate.