

Case Number:	CM13-0036425		
Date Assigned:	12/13/2013	Date of Injury:	07/14/2006
Decision Date:	02/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation 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 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 47 year-old who sustained an injury to the low back as result of grabbing a box containing brochures on July 14, 2006 while employed by [REDACTED]. A report dated September 9, 2013 from [REDACTED] noted that the patient has persistent low back pain radiating down the left lower extremity. An exam demonstrates limited range of motion and diffuse lumbar tenderness with spasm. Treatment to date has included medication, activity modification, physical therapy, 63 sessions of chiropractic care, eight (8) sessions of acupuncture, lumbar epidural steroid injection, and sacroiliac (SI) joint injection. Treatment request was for additional physical therapy (PT) to the lumbar spine which was non-certified on October 4, 2013, citing guidelines criteria, lack of medical necessity, and noting that the Agreed Medical Evaluator (AME) has indicated further physical therapy is not indicated. The request under consideration is for additional Physical Therapy for the low back, two (2) times a week for four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for additional Physical Therapy for the low back, two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Medical Treatment Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It is unclear how many physical therapy sessions the patient has received for this 2006 injury. There is no report of acute flare-up and the patient has been instructed on a home exercise program. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The additional Physical Therapy for the low back, two (2) times a week for four (4) weeks is not medically necessary and appropriate.