

Case Number:	CM13-0037469		
Date Assigned:	12/13/2013	Date of Injury:	03/01/2005
Decision Date:	02/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 68-year-old female who reported a work-related injury on 03/01/2005, as a result of strain to the lumbar spine. The patient currently presents for treatment of the following diagnoses, degenerative disc disease of the lumbosacral spine with chronic low back pain. The clinical note dated 10/01/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports continued chronic low back pain with radiation of pain to the right lower extremity. The patient is requesting physical therapy. The provider documents range of motion of the lumbar spine was noted to be at 80 degrees flexion, 30 degrees extension, 40 degrees bilateral rotation and tilt. The provider documented 4/5 motor strength noted throughout the bilateral lower extremities. The patient's medication regimen included Ultracet, Prilosec, Terocin patches, and topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x week for 4 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient utilized physical therapy intervention in 06/2013. The patient presents with a chronic pain condition about the lumbar spine. California MTUS indicates, to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Given all of the above, the request for physical therapy 3 x week for 4 weeks to the lumbar spine is not medically necessary or appropriate.