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| Case Number: | CM13-0038377 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 03/19/2009 |
| Decision Date: | 02/18/2014 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

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 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 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 49-year-old male who reported an injury on 03/19/2009. The mechanism of injury was not provided. The patient was noted to have a laminectomy and discectomy at L5-S1 in 01/2009. The patient was noted to be not attending therapy and to have low back constant pain especially in the mornings. The patient was noted objectively to lack 8 inches from touching toes. The diagnosis was noted to be disc bulge L5-S1. The request was made for physical therapy 2 times a week for 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 8 sessions in treatment of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Low back [web updated 10/9/13]

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment. Guidelines indicate it is directed at controlling symptoms such as pain, inflammation and swelling and improving the rate of healing

for soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had surgery in 2009. As such, he should be well versed in a home exercise program. Additionally, there was a lack of objective findings to support the necessity for the requested therapy. Given the above, the request for physical therapy 2 times per week for 8 sessions in treatment of the lumbar spine is not medically necessary.