

Case Number:	CM13-0038672		
Date Assigned:	12/18/2013	Date of Injury:	06/22/1998
Decision Date:	02/14/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/01/2013

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 49-year-old female who reported injury on 06/22/1998. The mechanism of injury was not provided. The patient was noted to have complaints of stabbing pain in the low back with radiation to the lower extremities. The patient's diagnoses were noted to include failed back surgery syndrome and lower back pain with bilateral lower extremity radicular symptoms. The request was made for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended that a maximum of 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review

indicated the patient had prior physical therapy; however, there was a lack of documentation indicating the number of sessions the patient had participated in and the patient's objective functional response to the therapy. There was a lack of documentation indicating the dates of physical therapy and the duration. Additionally, per the submitted request, there was a lack of documentation indicating the quantity of sessions and the duration of care being requested. Given the above, the request for physical therapy lumbar spine is not medically necessary