

Case Number:	CM13-0038687		
Date Assigned:	12/18/2013	Date of Injury:	07/23/2012
Decision Date:	04/10/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 46-year-old gentleman injured in a work-related accident on 7/13/12. The clinical records for review included a follow up with [REDACTED] dated 8/29/13 noting continued complaints of low back and left hip pain. It stated that the claimant had been utilizing Tramadol, Motrin as medication management, and activity restrictions. The physical examination on that date showed continued complaints of moderate tenderness about the lumbar spine and negative straight leg raise. The recommendation at that time was for continuation of medication management as well as a prescription for six additional sessions of formal physical therapy. It was noted that six sessions of therapy occurred in August 2013. The current working diagnosis was "sprain of the lumbar spine."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy sessions twice a week for three weeks for low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering and the Restoration of Function Chapter, page 114

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

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, the August 2013 request for continued physical therapy for 6 sessions would not be indicated. Chronic Pain Guidelines do not support the need for continued physical therapy based upon the fact this claimant had completed six recent treatments of therapy August 2013. The claimant is diagnosed with a chronic strain to the lumbar spine. The medical records do not explain why this claimant would not be able to transition to an aggressive form of home exercises after completion of the initial six sessions provided in August 2013. The specific request in this case would not be indicated.