

Case Number:	CM13-0039849		
Date Assigned:	02/24/2014	Date of Injury:	06/23/2008
Decision Date:	04/11/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 expert 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 injured worker reported a date of injury of 6/23/08. She was seen by her physician on 9/10/13 for complaints of low back pain. She had an increase in her pain to 7/10 but she continued to work part time (4 hours per day) and felt prolonged sitting as a caretaker aggravated her pain. Her medications were said to improve her pain and allow greater function. Various radiographic and diagnostic studies were reviewed. Her physical exam showed a normal, nonantalgic gait. She was tender to palpation of the lumbar spine at the lumbosacral junction with associated muscle tension to mid back. Her range of motion was decreased to 69% with flexion, 70% with extension and 50% with right rotation. Her motor strength was 4/5 in her right lower extremity and straight leg raise was positive on the right at 50 degrees. She received numerous medications including naproxen and hydrocodone/apap. Her diagnoses included degeneration lumbosacral disc, lumbar spinal stenosis, lumbar disc displacement without myelopathy, sciatica and lumbago. At issue in this review was the recommendation for 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE, 1 TIMES PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/Low Back>, Table 2, Summary of Recommendations, Low Back Disorders.

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

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, she reports increase in pain but is able to work at her job part time. It is not clear from the records what the therapy is targeting, pain or function. The records do not support the medical necessity of 6 physical therapy at a rate of 1 visits per week for 6 weeks in this worker with chronic back pain