

Case Number:	CM13-0041784		
Date Assigned:	12/20/2013	Date of Injury:	07/04/2008
Decision Date:	07/29/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery 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 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 is a 60-year-old female injured on 7/4/2008. The mechanism of injury was listed as occurring while handling material. The most recent progress note, dated 12/2/2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation along the lumbar spine without spasm, an antalgic gait due to right foot difficulties. No recent diagnostic studies were available for review. Previous treatment included previous physical therapy, injections, acupuncture, and medications. A request had been made for physical therapy of the low back and was not certified in the pre-authorization process on 10/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, low back Quantity: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 98-99 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. After reviewing

the medical documentation provided, it was noted the patient does have low back pain and some tenderness to palpation but no spasm on physical exam. The injured worker has had physical therapy in the past, but there was no identifiable documentation that demonstrated an improvement in pain or increase in function due to previous physical therapy. Therefore, this request for additional physical therapy is deemed not medically necessary.