

Case Number:	CM13-0043950		
Date Assigned:	12/27/2013	Date of Injury:	11/25/2002
Decision Date:	04/23/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine and Pulmonary Diseases 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 patient is a 31 year-old female that reported an injury on 11/25/2002 and the mechanism of injury was lifting. The patient's current diagnosis is lumbar disc displacement. The patient has had a longstanding history of low back pain with multiple diagnostic studies. The patient underwent a lumbar decompression and fusion surgery at the L4-L5 and the L5-S1 on 11/18/08 and subsequently participated in postoperative physical therapy to included 24 sessions. The clinical note from 09/26/2013 indicated the patient continued to have lumbar spine pain radiating into the left lower extremity with pain, parenthesis, and numbness. The physical examination showed spasms, tenderness, and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. The current treatment plan is for 12 sessions of physiotherapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSIOTHERAPY FOR THE 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 Section Page(s): 98-99.

Decision rationale: The California MTUS guidelines 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 with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits for treatment of neuralgia, neuritis, and radiculitis. The patient has had a longstanding history of low back pain and the medical documentation indicated the patient has completed 24 previous sessions of physical therapy. Therefore, the request for 12 sessions of physiotherapy for the lumbar spine exceeds the recommended guideline and is not medically necessary.