

Case Number:	CM13-0046162		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2013
Decision Date:	03/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Interventional Spine 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 34 year old male with a date of injury of 05/20/2013. The listed diagnosis 10/01/2013 is: Lumbar spine strain/sprain. According to report dated 10/01/2013, the patient was presented with low back pain. The patient rates pain as 8/10 and states pain interferes with his sleep. The patient denies paresthasias to either lower extremities or weakness. He does have difficulty with lateral flexion and rotation movements. He also complains of paravertebral spasms. Examination of the lumbar spine showed good gait, reversal of lordotic curve, TTP L1-L3 and positive paravertebral spasms. Range of motion for flexion is 45; extension 25, lateral flexion on right is 15 and 15 on left. SLR was negative. Treater notes "subjective complaints outweigh objective findings."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient physical therapy sessions two time a week for four weeks for treatment of the lumbar spine: Overturned

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

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

Decision rationale: This patient presents with low back pain. The treater requests 8 physical therapy sessions for the lumbar spine. For physical medicine, MTUS guidelines page 98, 99 has the following for Myalgia and myositis type symptoms, recommendation is for 8-10 visits over 4 weeks. Medical records show patient went ahead and had 6 physical therapy sessions from 12/24/2013 to 01/14/2014 prior to authorization. The requested 8 physical therapy sessions, from RFA dated 10/01/2013, is recommended due to lack of treatment thus far. Recommendation is for approval.