

Case Number:	CM13-0047203		
Date Assigned:	04/02/2014	Date of Injury:	08/02/2013
Decision Date:	04/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 8/2/13. A utilization review determination dated 10/30/13 recommends modification of physical therapy from 12 sessions to 4 sessions as 6 recent sessions had been completed and up to 10 sessions are supported. 10/2/13 medical report identifies LBP neck pain resolved, has had 6 visits PT. On exam, there is "TENDER DEC ROM L/S NEURO DEC SENS L5-S1 LT POS SLR LT MRI BULGING DISC L5/S1."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks, Isometric abdominal exercises for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, PHYSICAL THERAPY

Decision rationale: Regarding the request for physical therapy three times a week for four weeks, Isometric abdominal exercises for the lumbar spine, CA MTUS/ACOEM and ODG

recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels, with up to 10 sessions recommended. Within the documentation available for review, 6 PT sessions have been completed, but there is no indication of any objective functional improvement from the therapy already provided. Additionally, the proposed number of sessions exceeds the recommendations of the guidelines and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the current request for physical therapy three times a week for four weeks, Isometric abdominal exercises for the lumbar spine is not medically necessary.