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| Case Number: | CM13-0048472 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/11/2011 |
| Decision Date: | 03/10/2014 | UR Denial Date: | 10/17/2013 |
| Priority: | Standard | Application Received: | 11/05/2013 |

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 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 55-year-old female who reported an injury on 07/11/2011, due to being hit by a motor vehicle. The patient reportedly sustained injury to her low back. Prior treatments have included chiropractic care, physical therapy, acupuncture, and medications. The patient's most recent clinical examination findings included low back pain with right leg and right hip pain. Objective findings included decreased range of motion secondary to pain with tenderness to palpation along the L4-5 and L5-S1 musculature. The patient's diagnoses included ongoing back pain with radiculopathy. The patient's treatment plan included physical therapy and home exercise program, possible traction, and continuation of pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve (12) sessions of physical therapy for the lumbar spine: Upheld

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

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

Decision rationale: The clinical documentation provides evidence that the patient previously participated in physical therapy. The Chronic Pain Guidelines recommend that patients be

transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation does not provide any evidence that the patient is currently participating in a home exercise program. Therefore, a very short course of treatment to reeducate and reestablish a home exercise program would be indicated for this patient. However, the requested 12 physical therapy sessions is considered excessive.