

Case Number:	CM13-0048819		
Date Assigned:	12/27/2013	Date of Injury:	12/14/2012
Decision Date:	02/20/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/06/2013

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 Internal Medicine and is licensed to practice in New York. 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 56 year old male with a date of injury on 12/11/2012. The diagnosis is lumbar strain. In 01/2013 he had a lumbar MRI that revealed straightening of the normal lumbar curvature. This is usually seen with lumbar muscle spasm. He had 18 visits of physical therapy. In addition he has been treated by a chiropractor and Cymbalta. On 07/17/2013 he had a decreased range of motion, muscle spasm and an antalgic gait. Modified duty was recommended. On 08/26/2013 lower extremity muscle strength was normal. He had tenderness in the low back region. Extension increased the pain. Impression was lumbar muscle sprain and lumbar spondylosis. On 10/16/2013 there was no change in his work status or exam findings. On 12/02/2013 he continued on restricted duty. He had tenderness in the low back region. Extension increased the pain. Lower extremity muscle strength was normal. The listed diagnosis was lumbar muscle sprain and lumbar spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Additional Physical Therapy; 12 visits; Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar strain/sprain Section. .

Decision rationale: In addition to numerous chiropractic physical therapy visits, he had 18 regular low back physical therapy visits. MTUS ACOEM Guidelines, Chapter 12, page 299, Table 12-5 Methods of symptom control for low back complaints states that 1 to 2 physical therapy visits are indicated for education and instruction in a home exercise program. MTUS ACOEM chronic pain guidelines suggest 8 to 10 physical therapy visits over 4 to 8 weeks. However, there must be documented objective improvement in the activities of daily living which was not documented in this case. As of the time of the request for 12 additional physical therapy visits he continued on restricted duty. He continued on restricted duty on 12/02/2013, almost a year after the date of injury, 12/11/2012. Also there was no change in the physical findings between 07/2013 and 10/2013. For back strains/sprains ODG 2014 has a maximum of 10 visits over 8 weeks. The date of injury is over a year ago and he already had 18 visits. The requested additional 12 visits of physical therapy in 10/2013 are not medically necessary as they are not consistent with MTUS ACOM or ODG guidelines. .