

Case Number:	CM13-0050142		
Date Assigned:	12/27/2013	Date of Injury:	12/08/2010
Decision Date:	03/14/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/11/2013

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, has a subspecialty in Pulmonary Disease 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 68 year old female who reported an injury on 12/08/2010. She is diagnosed with lumbar and cervical spine sprain/strain, facet arthropathy, and degenerative disc disease. She was seen on 12/02/2012 for back pain with spasm. The clinic note indicated decrease range of motion and tenderness. The physical exam indicated discogenic disease at L4-L5 and L5-S1 with mild to moderate bilateral neural foraminal narrowing as well as, L5-S1 moderate to severe right neural foraminal narrowing and moderate central spinal stenosis. She was recommended lumbar spine conditioning with 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine (12 sessions): 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: California Chronic Pain Medical Treatment Guidelines recommends 8-10 visits over 4 weeks for the patient's diagnosis. The clinic note dated 08/19/2013 indicates the patient had 16 visits of physical therapy with some improvement. However, there were no

measurable parameters of improvement were provided and the patient has exceeded the recommended visits. As such, the request is non-certified.