

Case Number:	CM13-0057800		
Date Assigned:	12/30/2013	Date of Injury:	11/01/1982
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 67-year-old female who reported an injury on 11/01/1982. The mechanism of injury was not specifically stated. The patient is diagnosed with spinal stenosis in the lumbar region, sciatica, lumbar sprain, and lumbago. The patient was seen by [REDACTED] on 10/08/2013. The patient reported persistent low back pain. Physical examination revealed tenderness to palpation, guarding, and negative straight leg raising. Treatment recommendations included physical therapy 1 to 2 times per week for 4 to 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home

physical medicine. As per the documentation submitted, the patient has previously participated in a course of physical therapy. However, there was no documentation of the previous course of treatment. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. In addition, the request for 12 sessions of physical therapy exceeds guideline recommendations. The requests for 12 sessions of physical therapy for the lumbar spine are not medically necessary and appropriate.