

Case Number:	CM13-0058021		
Date Assigned:	12/30/2013	Date of Injury:	03/27/2013
Decision Date:	03/25/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/26/2013

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:

This is a 39-year-old patient who reported a work related injury 03/27/2013. The patient complains of lower back pain radiating down his left leg, and has an increase in symptoms with any activity. Exam revealed normal curvature of Lumbar spine, with a surgical scar 2 cm long at the midline oriented vertically, and tenderness in hip area bilaterally. Full range of motion accomplished without pain and without instability. There was full and symmetrical muscle strength, tone and size throughout the lower extremities. The treating physician's diagnoses are degeneration lumbar/lumbosacral IV disc, post laminectomy syndrome lumbar region, and lumbar herniated disc. The treating physician's plan is to initiate conditioning program, home exercise, aerobic fitness, ice treatments, and core strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy to the lumbar region: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The request for physical therapy is non-certified. The Chronic Pain Medical Treatment Guidelines support 9-10 sessions of physical therapy for myalgia and myositis and 8-10 sessions for radiculitis. The patient is noted to have attended physical therapy which was effective. The most recent documentation provided revealed the patient had full range of motion and strength. Given the lack of significant deficits on examination, the necessity of the additional therapy is not supported. The clinical documentation fails to support additional physical therapy. The request for twelve sessions of physical therapy to the lumbar region is not medically necessary or appropriate.