

Case Number:	CM13-0058253		
Date Assigned:	12/30/2013	Date of Injury:	08/28/2013
Decision Date:	06/13/2014	UR Denial Date:	11/14/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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 injured worker is a 25-year-old female with an original date of injury of August 28, 2013. The industrially-related body region is the lumbar spine and the patient has developed chronic low back pain. The patient has attended 6 sessions of physical therapy thus far. The patient has also been conservatively treated with Anaprox and Norco. A progress note on December 19, 2013 indicates that the patient complains of 4 out of 10 low back pain. Physical examination reveals slight decrease in lumbar range of motion and flexion. Neurologic examination of the lower extremities is within normal limits. X-rays of the lumbar spine taken on September 19, 2013 were within normal limits. The disputed request is an additional request for 8 sessions of physical therapy. A utilization review determination modified this request to an additional 4 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 TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PHYSICAL THERAPY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Section, Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: In the case of this injured worker, the duration of physical therapy for this worker's diagnosis is not adequately addressed by the CA MTUS Chronic Pain Medical Treatment Guidelines and therefore additional guidelines are utilized. With regard to this injured worker with a diagnosis of lumbosacral spine sprain/strain, the Official Disability Guidelines suggests 10 visits of physical therapy. The patient has attended 6 sessions of physical therapy to date, and it is appropriate for modification of additional physical therapy to 4 additional sessions. At the conclusion of physical therapy, functional benefit should be reassessed and ideally the patient should be transition to a self-directed program of home exercise. The request for Physical Therapy is not medically necessary.