

Case Number:	CM13-0060380		
Date Assigned:	12/30/2013	Date of Injury:	03/22/2007
Decision Date:	04/30/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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, 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 patient is a 27 year-old female who sustained an injury due to a fall on 3/22/07, while employed by [REDACTED]. The report dated 10/28/13 noted that the patient was with complaints of severe lumbar spine pain radiating to the proximal bilateral legs associated with sharp sensations. Conservative care has included medications, activity modification, and acupuncture. Exam of the lumbar spine showed guarding without muscle spasms, heel/toe maneuvers without difficulties, and negative straight leg raises/Piriformis/Trendelenburg testing. Medications listed include Tramadol, Diclofenac, and Tylenol. Diagnoses included exacerbation of chronic lumbar spine strain with underlying disc pathology and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIO THERAPY 2XWK X 6WKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the

complexity and sophistication of the therapy, and the physical condition of the patient. There are unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Medical Treatment Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has no physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support the treatment request. The request is not medically necessary and appropriate.