

Case Number:	CM13-0061921		
Date Assigned:	12/30/2013	Date of Injury:	03/06/2013
Decision Date:	05/16/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/05/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 32-year-old male who reported an injury on 03/06/2013 after being swung back and forth on a forklift. The injured worker reportedly developed low back pain. The injured worker's treatment history included a home exercise program and medications. The injured worker was evaluated on 10/02/2013. It was documented that the injured worker had continued low back pain and was participating in a home exercise program. Physical findings included palpable trigger points with a positive twitch response, and decreased range of motion of the lumbar spine. The injured worker's diagnoses included musculoligamentous strain of the lumbar spine and myofascial syndrome. The injured worker's treatment plan included continuation of a home exercise program and to begin therapy that was previously authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS FOR THE CERVICAL AND 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 (ODG).

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

Decision rationale: The requested for 12 Physical therapy sessions for the cervical and lumbar spine are not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends up to 8 to 10 visits of physical therapy to assist with pain control and range of motion deficits. The clinical documentation submitted for review does indicate that the injured worker has myofascial pain that would benefit from physical therapy. However, the request is for 12 sessions of physical therapy. This exceeds Guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested for 12 Physical therapy sessions for the cervical and lumbar spine are not medically necessary or appropriate