

Case Number:	CM13-0066274		
Date Assigned:	01/03/2014	Date of Injury:	03/24/2011
Decision Date:	04/09/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational 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 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:

The patient is an employee of the [REDACTED] and has submitted a claim for low back pain with an industrial injury date of March 24, 2011. Treatment to date has included physical therapy and medications. A utilization review from November 20, 2013 denied the request for physical therapy QTY 12. Medical records from 2012 through 2013 were reviewed showing that the patient has been suffering from low back pain and leg pain. The patient has had a minor exacerbation of the back pain in November 2013. There was also swelling and numbness noted in the left leg. Physical exam demonstrated stiffness over the entire back. Physical therapy has apparently made a significant difference. The exact number of physical therapy sessions attended was not readily indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Chronic Pain Medical Treatment Guidelines, 7/18/2009, pages 98-99, Physical Medicine - Chronic Pain, 7/18/09, pages 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page(s) 114.

Decision rationale: According to pages 98-99 of the California MTUS chronic pain medical treatment guidelines and page 114 of ACOEM Pain, Suffering, and the Restoration of Function Chapter, treatment regimens should be time limited with clearly defined functional goals, frequently assessed and modified based upon the patient's progress in meeting those goals. The patient has been attending physical therapy for his back problems. However, the total number of physical therapy sessions was not readily indicated to account for efficacy and progress. It is unclear whether the patient had progressed into an independent home exercise program as maintenance care is not recommended. Therefore, the request is not medically necessary.