

Case Number:	CM13-0067122		
Date Assigned:	01/03/2014	Date of Injury:	04/26/2011
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Family Practice and is licensed to practice in Texas. 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:

This is a 60-year-old male patient with a date of injury 04/26/2011, and the mechanism of injury was that the patient was bending over and reaching into a money safe that was on the ground, then felt immediate pain to the lumbar spine. The patient has undergone previous physical therapy and given a home exercise program. The patient reports that the physical therapy was not beneficial. Objective findings indicate that the patient's motor and sensory exams are normal bilaterally; normal gait and posture; no lower extremity weakness and range of motion to the thoracic and lumbar spine are without pain. Additional physical therapy x 8 visits was recommended for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR THE LUMBAR SPINE (8 SESSIONS):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The CA MTUS Guidelines state passive therapy provides short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended. Guidelines further support 9-10 sessions for myalgia and myositis and 8-10 sessions for neuralgia, neuritis and radiculitis. The clinical information provided failed to support the patient had significant objective deficits to support the necessity of the requested therapy. Also, the patient is noted to have undergone prior therapy; however, the number of sessions and the efficacy of that therapy were not provided for review to support additional therapy. As such, the request is non-certified.