

Case Number:	CM13-0068499		
Date Assigned:	01/03/2014	Date of Injury:	07/25/2013
Decision Date:	06/05/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 injured worker is a 42-year-old male who reported an injury on 07/25/2013. The mechanism of injury involved heavy lifting. Current diagnoses include lumbar strain, defect of pars interarticularis of L5, and myofasciitis of the neck with degenerative and posttraumatic changes. The injured worker was evaluated on 10/17/2013. The injured worker reported persistent pain over multiple areas of the body. Physical examination revealed tenderness in the lower lumbar area, slight tenderness in the sciatic outlet bilaterally, limited lumbar range of motion, positive straight leg raising, 5/5 motor strength, and intact sensation. Treatment recommendations at that time included supervised physical therapy twice per week for the next 4 weeks.

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. Decision based on Non-MTUS Citation ODG PHYSICAL THERAPY GUIDELINES.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. There was no documentation of a previous course of physical therapy, with evidence of objective functional improvement. Therefore, the request for additional treatment cannot be determined as medically appropriate. As such, the request for **ADDITIONAL PHYSICAL THERAPY FOR THE LUMBAR SPINE (8 SESSIONS)** is non-certified.