

Case Number:	CM14-0000633		
Date Assigned:	01/17/2014	Date of Injury:	04/05/2012
Decision Date:	06/09/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old male with a work injury dated 4/5/12. The diagnoses include intervertebral disc disorder, lumbar sprain/strain, and lumbosacral radiculopathy. There is a request for physical therapy for the lumbar spine twice a week for six weeks. A 9/11/13 primary treating physician office visit states that the patient presents continued intermittent low back pain with very repetitive activities and prolonged weight bearing activities. The patient is able to manage most of his pain with home exercises and stretching. The patient is not taking medications at this time. On physical examination he continues to have tenderness to palpation over the bilateral paraspinal musculature of the lower lumbar spine, midline tenderness. The range of motion is 90% and normal with stiffness and ranges. There is bilateral sacroiliac joint and sciatic notch tenderness. Toe to heel walk is within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE, TWICE PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Physical therapy for the lumbar spine twice a week for six weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment guidelines. The MTUS guidelines recommend up to 10 visits for this condition. The documentation indicates that patient has completed physical therapy but is not clear how many visits he has had. There is documentation that he has had 6 chiro visits. The documentation indicates that the patient has returned to work and can manage his pain with a home exercise program. The documentation indicates no significant findings that would warrant an extension of a supervised physical therapy program. The request for physical therapy for the lumbar spine twice a week for six weeks is not medically necessary.