

Case Number:	CM14-0000974		
Date Assigned:	01/22/2014	Date of Injury:	03/04/2008
Decision Date:	08/28/2014	UR Denial Date:	12/18/2013
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, 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 46-year-old male who reported an injury on 03/04/2008; reportedly, he was unloading rebar from a trailer when he lost his balance and fell off a truck. He sustained back and ankle injuries. The injured worker's treatment history includes physical therapy, chiropractic treatment, acupuncture sessions, medications, urine drug screen, and X-ray. The injured worker was evaluated on 01/03/2013, and it was documented that he complained of pain in his leg and low back. The pain was rated at 3/10 in his leg and 5/10 in his back. The provider noted that he had previous lumbar decompression and fusion, 2-level, L4-5 and L5-S1, and did well with the operation. Objective findings include no new motor or sensory deficits, 20 degrees flexion and extension, right/left lateral rotation, and bending. Diagnoses include displacement of lumbar intervertebral disc (IVD) without myelopathy and thoracic or lumbosacral neuritis or radiculitis unspecified. The request for authorization dated 12/02/2013 was for physiotherapy for the low back; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIO-THERAPY FOR THE LOW BACK (2X6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked outcome measurements of prior physical therapy sessions and home exercise regimens. In addition, long-term functional goals were not provided for the injured worker. Given the above, the request is not medically necessary.