

Case Number:	CM14-0003196		
Date Assigned:	01/31/2014	Date of Injury:	05/21/2013
Decision Date:	06/19/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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 Sports Medicine 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:

The injured worker is a 65 year old male who reported an injury on 05/21/2013 secondary to an unknown mechanism of injury. The injured worker was evaluated on 09/20/2013 for reports of back pain. The exam noted moderate tenderness to the lumbar region with flexion noted at 20 degrees and extension noted at 10 degrees with pain and positive supine and seated straight leg raises. The injured worker was evaluated on 12/13/2013 for reports of back pain. The exam noted moderate tenderness to the lumbar region with flexion noted at 20 degrees and extension noted at 10 degrees with pain and positive supine and seated straight leg raises. The diagnoses included degeneration and displacement of intervertebral discs without myelopathy. The treatment plan included medication and physical therapy. The request for authorization was not included in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TO LOW BACK 2 TIMES PER WEEK FOR 4 WEEKS: Upheld

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

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

Decision rationale: The request for additional physical therapy to low back 2 times per week for 4 weeks is not medically necessary. The California MTUS Guidelines state that therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The guidelines recommend a total of 9 visits over 8 weeks. There is a lack of evidence of the efficacy of prior therapy. The exam noted no changes in the injured worker's functional level from the previous exam. Furthermore, the request is for a total of 8 visits which exceeds the recommended number of visits. Therefore, the request is not medically necessary.