

Case Number:	CM14-0004809		
Date Assigned:	01/24/2014	Date of Injury:	05/28/2011
Decision Date:	06/09/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 Interventional Spine 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 case involves a 62 year-old male with a 5/28/2011 industrial injury claim. He has been diagnosed with chronic low back pain, L1/2 severe DDD; L4/5 facet arthropathy with left-sided facet joint cyst; L3/4 mild central canal stenosis; and bilateral localized knee pathology. According to the 12/9/13 orthopedic report, the patient presents with low back pain across the PSIS line. There was also neck, thoracic, and bilateral knee pain. The physician recommended PT. On 12/30/13 UR recommended that the request for PT 2x6 for the lumbar spine is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 (LUMBAR): Upheld

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

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

Decision rationale: The presents with chronic lower back pain from a combination of disc degeneration, facet arthropathy and canal stenosis. The current pain was between the PSIS line

and did not radiate down the legs. I have been asked to review for PT 2x6. MTUS guidelines recommend up to 8-10 sessions of PT for various neuralgias and myalgias. The request for 12 sessions will exceed the MTUS recommendations. Therefore the request is not medically necessary.