

Case Number:	CM14-0007300		
Date Assigned:	02/10/2014	Date of Injury:	10/26/2013
Decision Date:	06/23/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/20/2014

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 Pain Management, 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:

This patient is a 41-year-old male with date of injury of 10/23/2013. The listed diagnosis per [REDACTED] dated 12/06/2013 is lumbar strain and sprain. According to the report dated 01/02/2014, the patient complains of left lower back pain. The patient has attended 9 physical therapy sessions to date. The patient has also stopped taking ibuprofen because it has "stopped working." He reports occasional radiating pain that wraps around the waist to the groin and anterior thigh. The physical exam shows there is tenderness to palpation over the left lumbar paraspinal muscles, left greater than the right. Range of motion is decreased in the back with flexion to 90 degrees, extension to approximately 15 degrees. Patellar reflex is 1+ left side, 2+ right side. The utilization review denied the request on 01/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT X 6 VISITS LUMBAR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM).-Lumbar Spine.

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

Decision rationale: This patient presents with back pain. The treating physician is requesting 6 additional physical therapy visits for the lumbar spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report dated 01/10/2014 documents that the patient has received a total of 11 visits recently. In this same report, the therapist notes, "He seemed to recover enough to return to work, but his back flared up recently when trying to restrain a shoplifter. He felt a pop and sharp pain at the time and has continued to have problems since then." In this case, the requested 6 additional sessions combined with the previous 11 would exceed MTUS recommendations. However, given the patient's recent flare-up while performing his work duties, he can benefit from additional visits to address an acute exacerbation of his condition. The request is medically necessary and appropriate.