

Case Number:	CM14-0008606		
Date Assigned:	02/12/2014	Date of Injury:	09/15/2012
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/21/2014

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 Internal Medicine, has a subspecialty in Family Medicine and is licensed to practice in New York. 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 36 year old woman with a date of injury of 9/15/12. She was seen in follow up by her primary treating physician for pain in her lumbar spine with radiation to her legs. Her pain varied from 1-2/10 to 7-8/10. She was able to work but did no heavy activities. Her medications include tylenol #3, flexeril and ambien. She appeared anxious and depressed on physical exam with moderate pain noted. Her transfers and gait were normal. Her lumbar range of motion was restricted due to spasms and guarding with extension. Straight leg tests and Wadell's signs were negative and lumbar facet loading was positive. Her diagnoses were low back pain (facet pain to the left side) and myofascial pain syndrome. She had received physical therapy and chiropractic care in the past. She was said not to have progressed with a home exercise program or chiropractic care. Physical therapy was requested which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN -PHYSICAL MEDICINE, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20-9792.26, 98-99

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy and chiropractic care has already been used as a modality and a self-directed home program was in place, though this was said not to be effective. She is able to work at her job and avoid heavy lifting. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic back pain.