

Case Number:	CM14-0100425		
Date Assigned:	07/30/2014	Date of Injury:	11/11/2011
Decision Date:	10/06/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 30 year old male who sustained an injury to his low back on 11/11/11. Mechanism of injury was not documented. The one clinical note provided for review dated 06/09/14 reported that the injured worker complained of moderate-low back pain radiating to the bilateral hips. He had less pain with TENS and physical therapy. The injured worker stated that physical therapy had been very helpful, as his right leg pains were gone. He denied any knee pain. Physical examination noted normal gait; no scoliosis of the lumbar spine; range of motion restricted with near full, but guarded; paravertebral musculature normal; spinous process tenderness at L4 and L5; lumbar facet loading positive right; straight leg raise positive right at 70 degrees; Faber's test negative; no tenderness over piriformis muscle, posterior iliac spine, sacroiliac joint; palpation of lumbar paraspinals revealed low tone; muscle strength 5/5 bilaterally, ankle plantarflexors -5/5 right, EHL 4+/5 right, 5/5 left; sensation diminished in right lower limb over L5 dermatomal distribution; reflexes responded normally. There was no imaging study provided for review. The injured worker was recommended additional physical therapy to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the low back; 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG-

Treatment in Workers' Compensation, 12th edition, Low Back, updated 6/10/14; ODG; Physical Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT)

Decision rationale: The request for physical therapy for the low back two times a week times six weeks is not medically necessary. Previous request was partially certified for two additional visits. Current request for therapy exceeds the recommended course of rehabilitation per the Official Disability Guidelines evidence-based guidelines of up to 10-12 visits for lumbosacral neuritis/radiculitis. The injured worker had already been certified for 10 previous physical therapy visits. The current record dated 06/09/14 expects the injured worker to be at full duty after physical therapy and should be considered permanent/stationary. Therefore, the request was not deemed as medically appropriate. After reviewing the submitted clinical documentation, there was no additional significant clinical information provided that would support reverse of the previous adverse determination. Given this, the request for physical therapy for the low back two times a week times six weeks is not indicated as medically necessary.