

Case Number:	CM14-0102351		
Date Assigned:	07/30/2014	Date of Injury:	04/28/2014
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/02/2014

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 is licensed to practice in Nevada. 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 records, presented for review, indicate that this 21 year old female was reportedly injured on April 28, 2014. The mechanism of injury is undisclosed. The most recent progress note, dated July 10, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness over the lumbar spine with spasms. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine were within normal limits. Previous treatment is not available for review. A request was made for six sessions of physical therapy and was not certified in the preauthorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Physical Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the American College of Occupational and Environmental Medicine one to two visits of physical therapy for education, counseling, and evaluation of home

exercise program emphasizing motion and strengthening is all that is recommended for low back pain. For this reason, this request for six sessions of Physical Therapy is not medically necessary.