

Case Number:	CM14-0102424		
Date Assigned:	07/30/2014	Date of Injury:	10/25/2011
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
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 Illinois. 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 44-year-old male who reported injury on 10/25/2001 reportedly working when he experienced sudden low back and left lower extremity pain secondary to a lifting incident. The injured worker's treatment history included physical therapy, MRI, and medications. The injured worker was evaluated on 06/12/2014, and it was documented that the injured worker complained of back pain. It was rated at a 3/10. Physical examination revealed tenderness and decreased range of motion of the lumbar spine with spasms. In the documentation that was submitted for review, the worker had undergone physical therapy sessions, however, the outcome measures were not submitted for this review. It was noted that the injured worker was to return to work with modified duties. The modified duties included no repetitive bending or stooping and weight lift restrictions of 20 pounds or less. Diagnoses included sprain lumbar region, lumbo/lumbosac disc degeneration, and lumbago. The Request for Authorization rationale or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked outcome measurements of prior physical therapy sessions and home exercise regimen. In addition, long-term functional goals were not provided for the injured worker. Given the above, the request for 12 physical therapy visits for the lumbar spine is not medically necessary.