

Case Number:	CM14-0103757		
Date Assigned:	07/30/2014	Date of Injury:	02/27/2012
Decision Date:	10/06/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 is a 59 year old female claimant with low back pain following an industrial injury on 2/27/12. The claimant has had previous physical therapy. There has been a MRI of the lumbar spine 5/4/12. This revealed only L5-S1 disc herniation of one millimeter which was NOT neurocompressive. The physical exam of 5/6/14 showed no neurologic deficits in motor, sensory or deep tendon reflexes (DTR) losses. The request is for additional Physical Therapy (PT) 2x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x Week x 3 times Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability 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, physical therapy

Decision rationale: The claimant has been afforded previous physical therapy and should be able to do just as well with a self-directed Home Exercise Program. The claimant has had a MRI of the lumbar spine which revealed no neurocompressive lesions. The claimant has had previous

cervical fusion for which there was a bone graft harvest from the right iliac region which accounts for some of the pain. This pain from the donor site would not be addressed or ameliorated by the physical therapy as requested. ODG recommendation for lumbar sprain strain injury/ Intervertebral disc disease and /or disc herniation is 10 sessions of PT. Therefore the requested Physical Therapy 2x3 is not medically necessary.