

Case Number:	CM14-0105630		
Date Assigned:	07/30/2014	Date of Injury:	11/16/2010
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 42-year-old male was reportedly injured on 11/16/2010. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated 7/17/2014, indicated there were ongoing complaints of low back pain that radiates down both lower extremities. The physical examination demonstrated lumbar spine slow gait with the use of a cane. Limited range of motion was with pain. There were positive tenderness to palpation to bilateral lumbar paraspinal muscles and positive tenderness to palpation of the lumbar spinous processes at L5. Normal motor and sensory exam of bilateral lower extremities. No recent diagnostic studies are available for review. Previous treatment included physical therapy, injections, and medications. A request was made for physical therapy of the lumbar spine twice a week for four weeks and was not certified in the pre-authorization process on 6/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Additional Physical Therapy 2x/ WeekRFA 6-20-2014 Quantity:8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment, Updated 6/14/2014, Low Back- Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: MTUS Guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of ten visits. The claimant has chronic low back and bilateral lower extremity complaints and review of the available medical records failed to demonstrate positive physical exam findings consistent with radiculopathy, as well as an improvement in pain or function with previous physical therapy. The claimant had an unknown number of previous physical therapy sessions, and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.