

Case Number:	CM14-0010469		
Date Assigned:	04/09/2014	Date of Injury:	04/18/2013
Decision Date:	05/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 has a subspecialty in Interventional Spine 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 patient is a 57-year-old male with a date of injury of 04/18/2013. The listed diagnoses per [REDACTED] are lumbar sprain/strain and degenerative disk disease. According to report dated 12/18/2013 by [REDACTED], the patient presents with continued low back pain. Patient reports he completed a course of chiropractic treatment and would now like more physical therapy to help reduce the pain. He is currently participating in a home exercise program. Physical examination revealed forward bend is to 90 degrees and there is tenderness in the bilateral lumbar paraspinal area. Straight leg raise is negative. The treating physician states the patient has received 8 physical therapy sessions to date. Recommendation is for physical therapy 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR LUMBAR SPINE TWICE A WEEK FOR FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: For physical medicine, the MTUS Chronic Pain Medical Treatment Guidelines recommends for myalgia and myositis type symptoms 9 to 10 visits over 8 weeks. The treating physician is requesting 12 additional sessions which would exceed what is recommended by MTUS. Additionally, there is no documentation of any new injuries, significant flare-up resulting in decline in function to warrant additional therapy. The request for physical therapy twice a week for six weeks is not medically necessary and appropriate.