

Case Number:	CM14-0011036		
Date Assigned:	02/21/2014	Date of Injury:	09/30/2010
Decision Date:	06/27/2014	UR Denial Date:	01/14/2014
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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 note that this 51-year-old individual sustained an injury in September, 2010. These records also indicate a request for a lumbar epidural steroid injection was not certified. Imaging studies noted changes consistent with discogenic low back pain, and that a course of acupuncture physical therapy had been completed. There are ongoing complaints of neck pain, low back pain, bilateral upper extremity and bilateral lower extremity pain. The pain is rated 7-8/10. Limitations in activities of daily living are noted. Physical examination and noted ongoing muscle spasm in the lumbar region of the spine. Electrodiagnostic studies noted mild diffuse changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 98-99

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

Decision rationale: When noting the date of injury, the injury sustained, the ongoing complaints of pain and that physical therapy as well as acupuncture had already been completed and transition to home exercise protocol is noted, there is insufficient data presented to suggest the need for formal physical therapy this time. Therefore, when taking the consideration the parameters outlined in the Low Back Complaints Chapter of the ACOEM Practice Guidelines tempered by the most recent physical examination reviewed, there is insufficient evidence presented to suggest the need for additional formal physical therapy. The request for physical therapy to the lumbar spine is not medically necessary or appropriate.