

Case Number:	CM14-0011063		
Date Assigned:	02/21/2014	Date of Injury:	09/22/2009
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
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 Orthopaedic Surgery, 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 records presented for review indicate that this 55-year-old individual sustained an injury on September 22, 2009. The current diagnosis is noted as lumbar stenosis. A clearance to return to work was issued in July, 2013. An orthopedic consultation was completed noting chronic low back pain. A stenosis of the lumbar spine is reported. Sporadic use of opioid narcotics is noted. It is noted that the injured employee is not a surgical candidate. Physical examination noted chronic muscle guarding and a marked limitation of lumbar range of motion. A repeat consultation suggested surgical intervention. An additional orthopedic surgical consultation did not support intervention secondary to the obesity and diabetes. A physical therapy evaluation was completed in February, 2014. Several additional sessions were completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LOW BACK QTY: 12.00: 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, PHYSICAL MEDICINE, 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 treatment rendered, the interventions completed, the physical therapy completed tempered with the parameters listed in the ACOEM, additional physical therapy is not warranted this time. Transition to home exercise protocol is all that would be required to support the chronic low back pain. Considering the physical therapy completed and the recent interventions, there is insufficient data presented support this request.