

Case Number:	CM14-0017507		
Date Assigned:	04/14/2014	Date of Injury:	11/15/2011
Decision Date:	05/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/11/2014

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 Family Medicine, and is licensed to practice in Utah. 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 59 year-old female. The exact date of patient's date of injury is unclear according to the clinical documents. The mechanism of injury was repetitive stress. The patient has been diagnosed with Lumbar musculoligamentous strain/sprain, lumbar spine myofascial pain syndrome. The patient's treatments have included physical therapy, medications, bracing, hot pads, imaging studies, nerve studies. According to the clinical documents, there is a lack of physical exam findings for the lower back, the physical exam findings that were recorded show tenderness to palpation over the para-spinal muscles, a palpable spasm, and restricted range of motion. The request is for physical therapy 12 sessions for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS FOR LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Guidelines were reviewed in regards to this specific case, and the medical records provided for review were reviewed. The request is for physical therapy 12 sessions for lumbar spine. The medical records provided for review lack

evidence of why further physical therapy is warranted for the patient, and why the patient has not been advanced into a home exercise program regarding the lower back, as recommended by the MTUS Chronic Pain Guidelines. The request is therefore not medically necessary and appropriate.