

Case Number:	CM14-0017718		
Date Assigned:	04/16/2014	Date of Injury:	10/02/2001
Decision Date:	06/03/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/12/2014

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 Practice, has a subspecialty in Preventive Medicine, 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 51-year-old female who sustained a work injury on 10/2/01 involving the lower back. She was seen at an occupational clinic and found to have normal x-rays and electromyography (EMG) studies. She sustained a fall at home in 2007 that aggravated her back and right foot. She had a chronic history of fibromyalgia. An exam note on 9/30/13 noted the treating physician had noted the claimant had previously undergone spinal fusion and continued to have low back pain. Oral analgesics were given at the time. An exam note on 12/27/13 noted that the claimant had 9/10 back pain with radiation to the legs. She also continued to have soreness in the right foot with 7/10 pain. She was on Lyrica, Cymbalta, hydrocodone, and Flexeril for pain. Exam findings showed decreased range of motion and findings consistent with L5 radiculopathy. She was recommended to have physical therapy 3 times a week for 4 weeks and acupuncture for her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE 3 TIMES A WEEK FOR 4 WEEKS
QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308.

Decision rationale: According to the MTUS/ACOEM guidelines for low back pain, therapy is recommended for the 1st month of symptoms. Manipulation is optional for those with radiculopathy. In this case, the claimant's injury was remote to the time of request. In addition, the pain onset was remote to the request. Based on the MTUS guidelines, the request for physical therapy for the lumbar spine- 12 visits- is not medically necessary.