

Case Number:	CM14-0018543		
Date Assigned:	04/18/2014	Date of Injury:	12/03/1999
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/13/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 65 year old female that reported a low back injury on 12/03/1999; the mechanism of injury was not found within the submitted documentation. Within the clinical note dated 12/10/2013 the injured worker reported low back pain that radiated to the lower extremities. The physical exam reported the lumbar spine was tender. The clinical note dated 12/02/2013 reported the injured worker was stable on her medication and had no reported acute pain. In addition, the injured worker reported she was sleeping well and her anxiety was under control. The request for authorization was not found within the submitted documentation.

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, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The request for physical therapy for the lumbar spine two times a week for six weeks is non-certified. The CA MTUS recognizes active therapy is based on the philosophy

that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend physical therapy for neuralgia, neuritis, and radiculitis be limited to 10 visits. In addition, physical therapy is used to restore functional deficits. The injured worker has limited documentation of functional deficits and within the reported physical exams documented there is no clinical signs of deficits. Additionally, the request is for a total of 12 visits over 6 weeks which exceeds the guidelines recommended visits. Hence, the request is not medically necessary.