

Case Number:	CM14-0124835		
Date Assigned:	08/11/2014	Date of Injury:	01/31/2007
Decision Date:	09/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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, has a subspecialty in Family 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:

59 yr. old male claimant sustained a work injury on 1/31/07 involving the low back. He was diagnosed with degenerative spondylolisthesis and lumbar spinal stenosis. A progress note on 7/7/14 indicated a request for 12 sessions of physical therapy. Exam findings were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine and Page(s): pg 99.

Decision rationale: According to the MTUS guidelines, therapy is recommended over a weaning frequency. For radicular symptoms, 10 visits over four weeks are recommended. Additional exercises are recommended in a home-based program. Prior amount of physical therapy and clinical examination are not known. The request for 12 visits of physical therapy is not medically necessary.

