

Case Number:	CM14-0127093		
Date Assigned:	09/16/2014	Date of Injury:	02/11/2014
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 47 year-old male. The patient's date of injury is 2/11/2014. The mechanism of injury was lifting a heavy metal tool cabinet, when they felt a low back pain. The patient has been diagnosed with bulging disc in lumbar spine, and status post lumbar decompression. The patient's treatments have included injections, surgery, physical therapy, imaging studies, and medications. The physical exam findings dated 3/24/2014 shows tenderness at the lumbosacral junction. There are paravertebral muscle spasm noted, and tenderness at the left buttocks. The patient's medications have included, but are not limited to, Medrol, Etodolac, Tramadol, Omeprazole, Orphenadrine Citrate. The request is for physical therapy. The patient has completed 12 session of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

P/O PT Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines _ Physical Therapy

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for additional physical therapy sessions. The clinical records lack documentation of indications for further sessions of physical therapy beyond the amount of sessions that have been approved. According to the clinical documentation provided and current California (MTUS) guidelines; additional physical therapy session is not indicated as a medical necessity to the patient at this time.