

Case Number:	CM14-0127307		
Date Assigned:	08/15/2014	Date of Injury:	10/19/1998
Decision Date:	09/16/2014	UR Denial Date:	07/30/2014
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 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:

This injured worker's date of injury is 10/19/1998. This patient underwent back surgery, an L2 - S1 laminectomy and fusion. During the follow up office evaluation 06/30/2014, the patient reported per sitting low back pain with radiation down the right leg. There is pain above the surgical level consistent with muscle spasm. The patient did receive physical therapy and performs a home exercise program. On exam the patient was not in distress. Gait is antalgic and the muscles are 5/5 in strength. There was pain on palpation of paraspinal muscles. A lumbar x-ray showed no complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maintenance physical therapy visits to the low back, one time a week without how many weeks, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Treatment guidelines call for a fading of physical therapy and a continuation of a home exercise program. In his report on 06/30/2014, the treating physician states that "the

patient has felt a significant decline in her symptoms since discontinuing physical therapy." The request for additional physical therapy is not medically indicated.