

Case Number:	CM14-0153089		
Date Assigned:	09/23/2014	Date of Injury:	07/25/2012
Decision Date:	11/20/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 New Jersey and New York. 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 51 year-old male who injured his lower back on 7/25/12. He complained of upper and lower back pain. On exam, he had full range of motion of the thoracic spine without tenderness and slightly decreased range of motion of the lumbar spine. He had normal lower extremity strength. An MRI showed L4-5 and L5-S1 stenosis with disc bulges. He was diagnosed with lumbar strain, lumbar disc herniation with radiculopathy, sacroiliitis, spinal stenosis, and trapezius strain. On 5/17/13, he had L4-5 and L5-S1 decompression, lumbar laminotomy and foraminotomy, with epidural injection. The patient has had 28 physical therapy sessions and chiropractic care. His medications included anti-inflammatories. The current request is for additional physical therapy for his lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times 4 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 is not medically necessary. The patient had already received 28 sessions of physical therapy without any documented subjective and objective improvement. Patient should be able to do home exercises to continue therapy. As per MTUS, myalgias should be treated with 9-10 visits over 8 weeks. His 28 sessions exceed this limit. Therefore, the request is considered not medically necessary.