

Case Number:	CM14-0157870		
Date Assigned:	10/01/2014	Date of Injury:	10/03/2012
Decision Date:	10/29/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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 10/03/2012. The original back injury occurred as a result of a fall. This patient receives treatment for chronic low back pain. A lumbar spine radiograph on 03/10/2014 showed degenerative disc disease at L4-L5. An MRI on 03/17/2014 showed disc protrusion at the same levels. On 09/09/2014 the patient received an epidural steroid injection (ESI). On physical exam there is muscle tension in the lower back and tenderness in the hip. Flexion and extension remain full on exam. The patient has already received 30 sessions of physical therapy, about 10 chiropractic sessions, and a trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional physical therapy sessions for the low back: Upheld

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

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

Decision rationale: The patient's original injury dates back to October 2012. The patient has already received 30 physical therapy (PT) sessions. The MTUS Chronic Pain Treatment Guidelines call for fading of PT sessions with a home exercise program to follow. There is no

documentation of any new work related injury nor any findings of new pathology; therefore, additional PT sessions are not medically necessary.