

Case Number:	CM14-0158245		
Date Assigned:	09/30/2014	Date of Injury:	08/19/2010
Decision Date:	11/05/2014	UR Denial Date:	09/10/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old male with a work injury dated 8/19/10. The diagnoses include lumbar sprain/strain; muscle spasm; lumbar disc degeneration. Under consideration are requests for physical therapy to the lumbar spine two times a week over three weeks. The documentation indicates that the patient has had 25 PT visits thus far. An 8/28/14 progress note stated that the patient had a painful lower back into the left leg with spasms but it is slightly better. There is pain, tenderness, redness and swelling with decreased lumbar range of motion. The treatment plan states requesting authorization of extension of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy to the lumbar spine two times a week over three weeks: 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.

Decision rationale: Physical therapy to the lumbar spine two times a week over three weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The

guidelines recommend up to 10 visits for this condition. The patient has already exceeded this recommendation and should be well versed in a home exercise program. There are no extenuating circumstances which would require additional supervised therapy visits.