

Case Number:	CM14-0158626		
Date Assigned:	10/02/2014	Date of Injury:	11/05/2001
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
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 Geriatric Medicine and is licensed to practice in 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 62 years old man with a date of injury of 11/5/08. He was seen by his primary treating physician on 9/10/14 complaints of neck pain and low back pain. He is a diabetic on insulin and is status post pacemaker and liver transplant. His exam showed normal reflexes, sensation and power testing to all extremities, except mild weakness and numbness of right C6. His straight leg was negative bilaterally and he had normal gait. He had cervical and lumbar tenderness and spasm. He had decreased range of motion in the cervical and lumbar spine. His diagnoses included HNP C4/5 and C5/6, cervical and LS strain, DDD bulge - LS spine, history of liver disease status post liver transplant and pacemaker insertion. At issue in this review is the request Physical therapy for the lumbar spine, 2 times a week for 4 weeks, QTY: 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, 2 times a week for 4 weeks, QTY: 8 sessions:

Upheld

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

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, the injury was in 2008. The records do not substantiate why he requires physical therapy at this point as there is no documentation of an exacerbation of pain or decline in function to justify the medical necessity of Physical therapy for the lumbar spine, 2 times a week for 4 weeks, QTY: 8 sessions. The request is not medically necessary.