

Case Number:	CM14-0165877		
Date Assigned:	10/10/2014	Date of Injury:	10/22/2013
Decision Date:	11/26/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/08/2014

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 Internal 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 employee was a year old 28 year old female who sustained an industrial injury on 07/28/14 from bending over to pick up a box with coins. Prior treatments included medications, activity modification and physical therapy. An MRI of the lumbar spine revealed mild disc bulges in the lower lumbar spine at L4-5 and L5-S1 without significant spinal canal or neural foraminal stenosis. The clinical note from 08/18/14 was reviewed. Her subjective complaints included back pain in lower back that was aggravated by prolonged weight bearing, bending backward, twisting and turning, lifting, pushing and pulling. There was slight radiation down to left leg. She reported that the pain was 5/10. Pertinent examination findings included decreased range of motion and normal straight leg raising test. Diagnoses included lumbar spine sprain, arthropathy of lumbar facet and back pain. Treatment plan included physical therapy, medications and modified activity. The clinical note from 10/01/14 noted that she had no improvement with six sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 474.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back complaints, Physical therapy

Decision rationale: According to Official Disability Guidelines, for lumbar sprains and strains and intervertebral disc disorders without myelopathy, a total of 10 visits over 8 weeks are recommended. The employee has already had six physical therapy sessions and the requested additional 12 sessions is well above the maximum number recommended and hence is not indicated. Therefore, the requested twelve (12) physical therapy sessions to the lumbar spine are not medically necessary and appropriate.