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| Case Number: | CM14-0168119 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 10/14/2010 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 09/24/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 & Rehabilitation, 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:

The injured worker sustained a low back injury on 10/14/10. Upon follow-up visit with the primary treating physician there was notation of lumbar paraspinal tenderness and impaired lumbar flexion to 45 and lumbar extension to 10. The patient was provided with Cymbalta 20 mg and aquatic therapy prescriptions on 6/12/14 for treatment of chronic low back pain. Upon follow-up visit on 9/18/14, the patient was noted to be making marked improvement in her condition. She was then provided with a prescription for an additional 12 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued aquatic therapy x 12 visits: 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 injured worker presents with chronic low back pain marked by lumbar paraspinal tenderness and impaired range of motion. She received physical therapy with reported benefit. She was then sent for additional physical therapy written as 12 visits. There is no indication that the treatment frequency was fading or that there was a self-directed home exercise

program based on the documentation provided. The MTUS guidelines allow for up to 9-10 visits of physical therapy for the diagnosis of myalgias. The request as stated exceeds MTUS guidelines. Physical therapy request for 12 visits is therefore not medically necessary.