

Case Number:	CM14-0174363		
Date Assigned:	10/27/2014	Date of Injury:	03/16/2012
Decision Date:	12/03/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 claimant is a 60 yo female who sustained an industrial injury on 03/16/2012. The mechanism of injury was not provided for review. Her diagnosis is low back pain. She continues to complain of low back pain that radiates down both legs. On physical exam there is spasm in the lower lumbar area. Range of motion is limited to extension with 20 degrees, and lateral bending with 20 degrees bilaterally. Sensation is decreased in the dorsal aspect of the left foot. Treatment has included medications, physical therapy, lumbar support, and referral to pain management. The treating provider has requested additional physical therapy 3 times per week for 4 weeks for the lumbar spine and bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times per week for 4 weeks for the lumbar spine and bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC low Back procedure Summary

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

Decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic low back pain. Recommendations state that for most patients with more severe acute and subacute low back pain conditions 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has completed 18 physical therapy sessions. There is no specific indication for the additional requested additional sessions. Medical necessity for the requested physical therapy sessions has not been established. The requested service is not medically necessary.