

Case Number:	CM14-0176777		
Date Assigned:	10/30/2014	Date of Injury:	08/22/2013
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/24/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 8/22/2013. Per workers' compensation reevaluation dated 8/12/2014, the injured worker complains of lumbar spine pain rated at 5/10 that is becoming more constant. He denies any numbness to his feet. Prolonged walking and sitting aggravates the pain to his lower back. He denies any pain that radiates through his legs. He did only one session of physical therapy for this problem. He states that he has had no change in his condition since his last visit. Significant positive examination findings include extension of his lumbar spine is 20 degrees with midline pain. There is positive paraspinal spasm at the left lumbar and paraspinal tenderness to palpation at the mid to upper lumbar region bilaterally. Diagnoses include 1) lumbago 2) lumbar spondylosis without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The claims administrator notes that the injured worker has had 18 sessions of physical therapy to date. The clinical reports do not provide any information regarding functional improvement and success of implementing a home exercise program as a result of this prior therapy. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Physical therapy x 6 for the lumbar is determined to not be medically necessary.