

Case Number:	CM14-0184174		
Date Assigned:	11/13/2014	Date of Injury:	09/17/2013
Decision Date:	12/15/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 had a date of injury of 9/17/2013. Injury occurred from repetitive lifting and twisting. Diagnosis is lumbar spine radiculopathy. With disc disease He is treated with medication and has had three physical therapy sessions. The plan includes ongoing physical therapy, epidural steroid injection with consideration of laminotomy and discotomy if symptoms do not improve with conservative therapy. The request is for physical therapy three times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy (PT) visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9, 98.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

Decision rationale: CA MTUS recommends the use of physical therapy for back pain complaints with recommendation against prolonged manipulation (greater than 4 weeks). ODG guidelines for physical therapy are for 10 visits over 8 weeks for intervertebral disc disorders and

no more than two visits after steroid injection of the back to emphasize home exercise program. The request in this case was for 3 visits a week for 6 weeks, which far exceeds the recommended length of therapy. Physical therapy three times a week for 6 weeks is not medically indicated.