

Case Number:	CM14-0186218		
Date Assigned:	11/14/2014	Date of Injury:	06/27/2013
Decision Date:	12/16/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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 6/27/2013. Her diagnosis is low back. Prior treatment has included 6 previous physical therapy sessions with functional improvement, non-steroidal medication and muscle relaxers. The request is for 12 additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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 8-10 visits for radiculopathy or myofascial pain. The claimant has already completed 6 sessions of physical therapy. The request in this case was for 12 more session of physical therapy, which would exceed the recommended length of therapy. 12 additional sessions of physical therapy are not medically indicated.