

Case Number:	CM14-0187641		
Date Assigned:	11/13/2014	Date of Injury:	08/28/2013
Decision Date:	12/19/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/31/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 47 year old with a work injury dated 8/28/13. The diagnoses include bilateral back with differential diagnoses of facet arthropathy vs degenerative disc disease. Under consideration is a request for Physical therapy for the lumbar spine 6 sessions. A 9/15/14 physical therapy document states that the patient had 6 visits from August 26, 2014 to September 15, 2014. She has shown improvement since Initial evaluation. She has increased range of motion and strength and needs further increases in these areas. She is independent in her home exercise program. Per documentation there is a 9/16/14 PR-2 (progress report) document that states that the patient has back and leg pain which are doing better. The patient feels improved from the medial branch radiofrequency done in July 2014 by 70%. A 10/17/14 operative report indicates that the patient has had a bilateral L5 transforaminal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi TX; www.odg-twc.com., low back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical therapy for the lumbar spine 6 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had 6 visits already and is versed in a home exercise program. The need for an additional supervised 6 therapy visits is not medically necessary.