

Case Number:	CM14-0020111		
Date Assigned:	04/25/2014	Date of Injury:	09/08/2003
Decision Date:	07/07/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 61 year-old individual injured in September 2003. The physical therapy note, dated November 2013, noted ongoing complaints of low back pain. Multiple sessions of physical therapy have been completed to include but stimulation. There are ongoing complaints of pain in the lumbar region of the spine. A urine drug screen had been completed, noting meprobamate and fentanyl in the urine. A progress note, dated November, 2013, noted the urine drug screen to be consistent with the medication profile completed. There is chronic low back pain with right lower extremity radiation 7/10. No specific findings were noted on physical examination, and there is a well healed surgical scar. The multiple medications were refilled, and a lumbar back brace dispensed. Monthly follow-up evaluations were completed and are essentially unchanged. With the April 2014 progress note, it is noted the low back symptoms have increased. A marked decrease in lumbar range of motion is reported. Motor function is intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY, #18: 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 Physical therapy Page(s): 98-99.

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered, the multiple sessions of physical therapy recently completed with no noted efficacy or utility, there is no clinical data presented to support this request. At most, transition to home exercise protocol emphasizing overall fitness, conditioning and achieving an ideal body weight is all that would be supported. Therefore, based on the medical records reviewed, there is insufficient data support this request and is not clinically indicated based on California Medical Treatment Utilization Schedule (CAMTUS) guidelines.