

Case Number:	CM14-0026733		
Date Assigned:	06/13/2014	Date of Injury:	07/29/2011
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 48-year-old injured on July 29, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 7, 2014 indicates that there are ongoing complaints of low back pain. It was stated that the injured employee is taking tramadol and is able to function and work full time with this medication. The physical examination demonstrated pain with range of motion of the cervical spine, the thoracic spine, and the lumbar spine. Trigger points with eight palpable twitch responses were noted in the lumbar paraspinals muscles. There was an antalgic gait noted. Neurological examination was within normal limits. Previous treatment includes an anterior cervical discectomy and fusion of C5 through C7 and facet blocks. A request had been made for physical therapy of the lumbar spine and was not certified in the pre-authorization process on February 20, 2014.

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, TWICE WEEKLY FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the attached medical record the injured employee has had 36 previous sessions of physical therapy and should be well-versed in what is required of him for physical therapy to continue this on his home via a home exercise program. For this reason this request for physical therapy of the lumbar spine is not medically necessary. Recommending this request will exceed American College of Occupational and Environmental Medicine (ACOEM) guidelines. The request for physical therapy for the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.