

Case Number:	CM14-0027516		
Date Assigned:	03/07/2014	Date of Injury:	03/01/2013
Decision Date:	09/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 50 year-old female who sustained an injury to her low back in 03/01/2013. Per agreed medical evaluation dated 01/30/14, the patient attributed her back pain to work-related duties including prolonged standing, walking, repeated lifting, pushing and pulling of merchandise. There was no information provided that indicates that a surgical intervention has been performed or is anticipated.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL PHYSICAL THERAPY (PT) TO THE LUMBAR SPINE TWO (2) TIMES PER WEEK OVER SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy (Electronically sited).

Decision rationale: The CAMTUS and ACOEM do not specifically address pre-surgical physical therapy for the low back. The ODG recommends up to 10 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 or more visits per

week to 1 or less), plus active self-directed home physical therapy. The records indicate that the patient has completed 10 visits of physical therapy to date. There is no additional significant objective clinical information that supports the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. It is reported that the patient has received an unspecified amount of acupuncture therapy and chiropractic manipulation treatment in addition to previous physical therapy. Given the clinical documentation submitted for review, the request for outpatient additional physical therapy to the lumbar spine 2 x week x 6 weeks is not medically necessary and appropriate.