

Case Number:	CM14-0033511		
Date Assigned:	06/20/2014	Date of Injury:	10/14/2013
Decision Date:	07/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/17/2014

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 and is licensed to practice in California. 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 54 year-old male with a 10/14/13 date of injury. He has been diagnosed with a back strain; extruded disc at L1/2 and multilevel degenerative disc disease in the lumbar spine. According to the 2/19/14 occupational medicine report from [REDACTED], the patient presents with back pain that is worse. He reports tractions abates the symptoms completely, but he was denied a home traction unit. [REDACTED] recommended the third course of PT for the low back. On 3/7/14 UR denied the PT, stating the patient had 9 sessions of 12 approved, and that despite this, the patient is reporting his condition is worse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 6, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 Online recommendations for Physical Therapy.

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

Decision rationale: The patient is a 54 year-old male with a 10/14/13 date of injury. He has been diagnosed with a back strain; extruded disc at L1/2 and multilevel degenerative disc disease in

the lumbar spine. According to the 2/19/14 occupational medicine report from [REDACTED], the patient presents with back pain that is worse. The UR letter states the patient has attended at least 9 of 12 authorized sessions of PT and reports being worse. The IMR application is for additional PT x6 for the lumbar spine. MTUS guidelines state that 8-10 sessions of PT are appropriate for various myalgias and neuralgias. The patient has had 9 sessions of PT. The request for additional PT x6 will exceed the MTUS guideline recommendations. Recommend non-certification.