

Case Number:	CM14-0036057		
Date Assigned:	06/23/2014	Date of Injury:	02/19/2010
Decision Date:	08/12/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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 61 year old with a work injury dated 2/19/10. Pt states she has had back pain since her injury in 2010 when she slipped on oil after coming off a ladder at work. The diagnoses include a disc protrusion at L5-S1. Under consideration is a request for physical Therapy Evaluation and Treatment 2x4 (3/4/14) Lumbar spine. There is a document dated 2/20/14 that states that the patient was medically approved for physical therapy 2 x 4 for lumbar spine. There is a 2/12/14 follow up evaluation that states that the patient has ongoing back pain. Examination shows satisfactory sensory, motor and deep tendon reflexes. A script for physical therapy was given. A 2/18/14 primary treating physician report indicates the patient has back pain. The objective findings state disc protrusion at L5-S1. The treatment plan states that she needs to continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation and Treatment 2x4 (3/4/14) Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: Physical Therapy Evaluation and Treatment 2x4 (3/4/14) Lumbar spine 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 already had 8 visits. The documentation does not indicate evidence of functional improvement or efficacy from prior therapy. Furthermore, an additional request for 8 more sessions would exceed guideline recommendations. For these reasons the request for Physical Therapy Evaluation and Treatment 2x4 (3/4/14) Lumbar spine is not medically necessary.