

Case Number:	CM14-0038125		
Date Assigned:	06/25/2014	Date of Injury:	07/27/2013
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 underlying date of injury in this case is 07/27/2013. This patient's diagnoses include myofascial and discogenic pain affecting the neck, mid back, and low back. Prior to the current request, at least 20 physical therapy visits were authorized between 08/13/2013 and 11/08/2013. The patient's treating orthopedic surgeon saw the patient in followup on 02/26/2014 and noted the patient complained of ongoing intermittent low back pain which did not radiate. The patient was felt to have a cervical, thoracic, and lumbar sprain with lumbar stenosis, cervical disc protrusions, and cervical stenosis. The treating physician requested physical therapy three times a week for 6 weeks with an emphasis on core strengthening and independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar 2 times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ACOEM Guidelines - Revised Chapter on Low Back Pain (August 2008) Page 134.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends transition to independent home rehabilitation. The treatment guidelines anticipate that this patient would have transitioned to independent home rehabilitation within the timeframe of the patient's previously certified physical therapy. The medical records do not provide a rationale at this time as to why this patient would require additional supervised therapy as opposed to an independent home rehabilitation program in the current timeframe. The current treatment request is not supported by the treatment guidelines. This request is not medically necessary.