

Case Number:	CM14-0038865		
Date Assigned:	06/27/2014	Date of Injury:	07/12/2013
Decision Date:	07/23/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/02/2014

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 Interventional Spine 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 case involves a 27 year-old male with a 7/12/13 date of injury. According to the 1/16/14 orthopedic permanent and stationary report from [REDACTED], the patient had gradual onset of low back pain on 7/12/13 after making multiple trips to pick up lumber. He was diagnosed with L5- S1 disc protrusion 3-3.5mm. Future medical care was open for physical therapy, acupuncture, antiinflammatory medications and ESIs or surgery. On 3/12/14 UR states the patient has had 24 sessions of physical therapy and they denied a request for additional physical therapy 3x4 from [REDACTED]. The request from [REDACTED] was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the lumbar spine 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical medicine, pages 98-99.

Decision rationale: The case involves a 27 year-old male with a 7/12/13 date of injury.

According to the 1/16/14 orthopedic permanent and stationary report from [REDACTED], the patient had gradual onset of low back pain on 7/12/13 after making multiple trips to pick up lumber. He was diagnosed with L5-S1 disc protrusion 3-3.5mm. He presents with intermittent moderate low back pain with radiation to the posterior thigh. The IMR review is for PT for the lumbar spine 3x4. MTUS chronic pain guidelines state that 8-10 sessions of PT are appropriate for various myalgias or neuralgias. The patient was reported to have already completed 24 sessions of PT, and the request for an additional 12 sessions exceeds the MTUS recommendations therefore physical therapy to the lumbar spine 3 times a week for 4 weeks is not medically necessary.