

Case Number:	CM14-0039154		
Date Assigned:	06/27/2014	Date of Injury:	09/25/1995
Decision Date:	08/15/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/03/2014

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 Family Practice, has a subspecialty in Preventative Medicine 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:

This 51 year old male claimant sustained a work injury on 9/25/95 involving the low back. He was diagnosed with lumbar stenosis, L4-L5 disc protrusion, lumbar facet arthropathy, degenerative disk disease. A progress note on 3/27/14 indicated he had pain with flexion and extension. Lumbar provocative maneuvers were positive and the remainder of the exam was normal. The treating physician recommended Ultram for pain and therapy 4 treatments over 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 time per week for 4 weeks on the low back/lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: According to the ACOEM guidelines, therapy is indicated for 1 to 2 visits for education, counseling and home exercise evaluation. The MTUS guidelines allow specifically for : Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis,

and radiculitis, unspecified 8-10 visits over 4 weeksBased on the guidelines, the request for 4 visits of therapy is appropriate and medically necessary.