

Case Number:	CM14-0039964		
Date Assigned:	06/27/2014	Date of Injury:	11/09/2010
Decision Date:	08/18/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/04/2014

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 Nevada. 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 records presented for review indicate that this 40-year-old male was reportedly injured on November 9, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 25, 2014, indicates that there are ongoing complaints of low back pain and anxiety/depression. The physical examination demonstrated decreased sensation at the left anterior thigh, lateral calf, and lateral ankle. Diagnostic imaging studies were not discussed on this date. Previous treatment includes lumbar spine surgery in 2012. A request was made for physical therapy for the lumbar spine and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 58-59.

Decision rationale: According to the medical record, the injured employee has had a recent lumbar spine surgery in 2012 and almost certainly participated in postoperative physical therapy

for the lumbar spine. Considering this, it is unclear why additional physical therapy is requested at this time. Without additional justification, this request for physical therapy one time per week for six weeks for the lumbar spine is not medically necessary.