

Case Number:	CM14-0040220		
Date Assigned:	06/27/2014	Date of Injury:	11/19/1981
Decision Date:	07/28/2014	UR Denial Date:	03/14/2014
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, 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 patient is a 69 year old with an injury date on 11/19/81. Based on the 12/30/13 progress report provided by [REDACTED] the diagnoses are: Muscle spasms back, pain - back, sprain/strain lumbar. Exam on 2/12/14 showed patient ambulates with normal gait. There was tenderness to palpation of left paraspinal muscles. Range of motion of back moderately restricted especially extension 10/25 degrees. Straight leg raise is negative. [REDACTED] is requesting physical therapy x 12 for the lumbar spine. The utilization review determination being challenged is dated 3/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/30/13 to 3/12/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Physical Therapy Guidelines (lumbar).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Page(s): 22, 98, 99.

Decision rationale: This patient presents with severe, frequent back pain with no radiation. The treater has asked for physical therapy x 12 for the lumbar spine on 12/30/13. Review of the report shows patient has no history of surgeries to the back and no recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treater has asked for 12 sessions of physical therapy for L-spinewhich exceeds MTUS guidelines for this type of condition. The request is not medically necessary.