

Case Number:	CM14-0040440		
Date Assigned:	06/30/2014	Date of Injury:	12/27/2012
Decision Date:	09/15/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 54-year-old male was reportedly injured on December 27, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 10, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Vicodin and ibuprofen. The physical examination demonstrated trigger points along the lumbar spine. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy. A request had been made for physical therapy and was not medically necessary on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - 3 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Physical Therapy.

Decision rationale: Although it is not stated, it is assumed that this request for physical therapy is for the lumbar spine. According to the attached medical record the injured employee has previously participated in physical therapy for the lumbar spine. The efficacy of these prior treatments is unknown. Without justification this request for additional physical therapy for the lumbar spine is not medically necessary.

Physical therapy - 9 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Physical Therapy.

Decision rationale: Although it is not stated, it is assumed that this request for physical therapy is for the lumbar spine. According to the attached medical record the injured employee has previously participated in physical therapy for the lumbar spine. The efficacy of these prior treatments is unknown. Without justification this request for additional physical therapy for the lumbar spine is not medically necessary.

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