

Case Number:	CM14-0047558		
Date Assigned:	07/02/2014	Date of Injury:	01/30/2013
Decision Date:	12/12/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational 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 patient is a 55 year old male who developed chronic spinal pain subsequent to a lifting injury on 1/30/13. He had a lumbar MRI which revealed moderate to severe spondylosis and possible S1 nerve root irritation/compression. It is documented that he has completed 21 sessions of physical therapy. No specific inability to ambulate or perform home-based follow through is documented. There a request for an additional 12 sessions of therapy which would makes a total of 33 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Physical Therapy

Decision rationale: MTUS Guidelines supports a few sessions of physical therapy for low back pain. ODG Guidelines provide additional details regarding what is considered a reasonable

number of therapy sessions for a given diagnosis. A total of 8-10 sessions over 8 weeks is considered reasonable and adequate amounts of physical therapy for this patient's diagnosis. The amount of therapy has significantly exceeded Guideline recommendations and there are no unusual circumstances to justify an exception to Guidelines. The request for an additional 12 sessions of physical therapy is not medically necessary.