

Case Number:	CM14-0056339		
Date Assigned:	07/09/2014	Date of Injury:	11/27/2008
Decision Date:	08/28/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 was reportedly injured on November 27, 2008. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 6, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated tenderness as well as muscle spasms along the lumbar paraspinal muscles. There was reduced lumbar spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy for the lumbar spine. A request was made for eight visits of physical therapy for the lumbar spine and was not certified in the pre-authorization process on April 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, twice weekly for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines (Lumbar).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, only one to two visits of physical therapy is indicated for education, counseling, and evaluation of home exercise for range of motion and strengthening. Additionally, the available medical record indicated that the injured employee has previously attended physical therapy. For these reasons, the request for physical therapy for the lumbar spine, twice weekly for eight weeks is not medically necessary or appropriate.