

Case Number:	CM14-0056593		
Date Assigned:	07/09/2014	Date of Injury:	08/14/2013
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
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 Family Practice and is licensed to practice in Arizona. 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 is a review for a 56-year-old male injured on August 14, 2013. The request is for 6 additional physical therapy visits for lumbar pain. California MTUS recommends physical therapy for the treatment of acute pain provided that there is functional improvement as a result. This worker has received six physical therapy visits for neck pain and headache with some documentation of improvement of cervical pain. The medical records provided do not discuss lumbar pain symptoms, physical examination findings or other information pertaining to the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional physical therapy visits of the lumbar spine, 3 times a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Physical therapy can be used for the treatment of pain for some acute sub-acute or chronic lumbar pain syndromes. The patient's complaints here are of cervical (neck) pain and headache not lumbar pain. When 'additional' therapies are requested, the MTUS

guidelines require documentation of functional improvement from prior sessions of therapy. The medical record provided does not describe subjective complaints of low back pain or any objective exam findings pertaining to the lumbar spine. From the medical records provided, there is insufficient evidence to support additional physical therapy as requested.