

Case Number:	CM14-0065177		
Date Assigned:	07/11/2014	Date of Injury:	02/17/2013
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/08/2014

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 31-year-old individual was reportedly injured on 2/17/2013. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 4/2/2014, indicated that there were ongoing complaints of low back pain that radiated to the right thigh and knee. The physical examination demonstrated lumbar spine positive tenderness and midline coccyx, sacrum, and bilateral lower paraspinous and buttocks right more than left. There was bilateral hamstring tightness. No recent diagnostic studies are available for review. Previous treatment included medications, physical therapy #12, acupuncture #6, and conservative treatment. A request had been made for Physical Therapy of the Lumbar Spine #6 Sessions and was not considered medically necessary in the pre-authorization process on 4/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Low Back; 6 Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS guidelines support the use of Physical Therapy for the management of chronic pain specifically myalgia and radiculitis and recommends a maximum of 10 visits. The claimant has complaints of low back pain, and review, of the available medical records, fails to demonstrate an improvement in pain or function from previous physical therapy visits. The treating physician has ordered an additional 6 sessions of functional restoration therapy, and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary. Please note the injured worker has had #12 Sessions of Physical Therapy without documentation and that demonstrates improvement in function or decrease in pain. The request is cannot be deemed as medically necessary.