

Case Number:	CM14-0067435		
Date Assigned:	07/11/2014	Date of Injury:	12/10/2013
Decision Date:	09/12/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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 injured worker is a 34-year-old male who was reportedly injured on December 10, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 7, 2014, indicates that there are ongoing complaints of neck pain radiating to the right upper extremity as well as right shoulder pain and low back pain. Current medications include Flexeril. The physical examination demonstrated tenderness of the cervical spine without spasms and a decreased range of motion of the right shoulder compared to the left. Examination of the lumbar spine noted tenderness of the paraspinal muscles and a negative straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and acupuncture. A request was made for six visits of physical therapy for the lumbar spine and was not certified in the pre-authorization process on may second 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Visits for the Lumbar Spine, once a week for 6 weeks as an Outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM- <https://www.acoempracguides.org/LowBack>; Table 2, Summary of Recommendations, Low Back Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (www.odg-twc.com; Section: Low Back).

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

Decision rationale: According to the American College of Occupational and Environmental Medicine, 1 to 2 visits of physical therapy for education, counseling, and evaluation of home exercise for range of motion and strengthening is all that is required for physical therapy for low back pain. As the injured worker has already participated in physical therapy for the low back, this request for six additional visits of physical therapy for the lumbar spine is not medically necessary.