

Case Number:	CM14-0068746		
Date Assigned:	07/14/2014	Date of Injury:	12/09/2011
Decision Date:	08/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/13/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 48 year old male with an injury date on 12/09//2011. According to this report, the patient complains of low back pain and it's tender. Reports from 01/30/2014 to 04/17/2014 are all handing writing with the same subjective and objective findings. There were no other significant findings noted on this report. [REDACTED] is requesting 12 sessions of physical therapy for the low back. The utilization review denied the request on 05/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/18/2013 to 04/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: According to the 04/17/2014 report by [REDACTED] patient presents with low back pain. The treater is requesting 12 sessions of physical therapy for the low back. The

patient has had 12 sessions of physical therapy for his low back. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. Review of available reports show no therapy reports and there is no discussion regarding the patient's progress on any of the reports. The treater also does not provide any discussion regarding what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. Given the patient's completed 12 therapy sessions, requesting an additional 12 sessions is not in accordance with MTUS guidelines. The request is not medically necessary.