

Case Number:	CM14-0075672		
Date Assigned:	07/16/2014	Date of Injury:	07/12/2013
Decision Date:	10/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

47 year old male injured worker with date of injury 7/12/13 with related low back pain. Per note dated 5/15/14, the injured worker complained of constant moderate pain with ambulation and ADLs at home. He stated symptoms have improved with previous physical therapy sessions; however, they still interfere with his daily activities. Treatment to date has included physical therapy and medication management. The date of UR decision was 4/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x a week for 4 weeks = 8 total for Lumbar Spine: 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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

Decision rationale: The records submitted for review state that the patient has had at least 16 visits of physical therapy from 3/19/14 to 5/8/14. As the request is for more sessions than the recommended amount, the request is not medically necessary.