

Case Number:	CM14-0082504		
Date Assigned:	07/21/2014	Date of Injury:	06/21/2013
Decision Date:	08/28/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/04/2014

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 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:

The injured worker is a 28-year-old male who reported an injury on June 21, 2013. The injury occurred when a large pipe dropped and yanked him forward. Diagnoses to date include; lumbar radiculopathy and the covered body regions include the lumbar spine. Previous treatment included physical therapy and epidural injections. Six Physical Therapy visits were completed between August 5, 2013 to September 9, 2013. As of now, the patient has been treated with pain medications, including narcotics. The request for eight additional Physical Therapy sessions for the lumbar spine has been declared not medically necessary on 5/1/2014. This review was based on the lack of information regarding the patient's functional response after completion of the previously authorized visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Physical Therapy for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation, Online Edition Chapter: Low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines (MTUS) specify the need for documentation of functional improvement in order to continue physical therapy. The MTUS also recommends tapering of physical therapy to self-directed home exercises. On December 9, 2013 a Physical therapy progress report was documented noting a plan to complete therapy two times a week for 8 weeks. However, there was no commentary on the outcome of these 8 sessions, including whether or not any short-term or long-term goals were met. Without this documentation, this request is not medically necessary.