

Case Number:	CM14-0086849		
Date Assigned:	09/08/2014	Date of Injury:	09/03/2013
Decision Date:	10/10/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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 57-year-old male was reportedly injured on September 3, 2013. The most recent progress note, dated May 1, 2014, indicated that there were ongoing complaints of low back pain and difficulty sleeping. The physical examination demonstrated tenderness along the lumbar spine. There were normal distal sensation and muscle strength. Diagnostic imaging studies of the lumbar spine revealed multilevel mild to moderate discogenic spondylosis and facet arthrosis from L3 through S1. Previous treatment included chiropractic care. A request had been made for physical therapy for the lumbar spine and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions 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-Treatment in Workers' Compensation: Low Back-Lumbar & Thoracic, Physical Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Physical Therapy, Updated August 22, 2014.

Decision rationale: The Official Disability Guidelines recommend up to 10 visits of physical therapy for the injured employee's lumbar spine condition. A review of the attached medical records indicates that the injured employee has had previous physical therapy; however, it is unclear how many visits were attended or what the efficacy of these visits was. At this point, the injured employee is expected to have transitioned to a home exercise program. Considering this, the request for 12 visits of physical therapy for the lumbar spine is not medically necessary.