

Case Number:	CM14-0089903		
Date Assigned:	07/23/2014	Date of Injury:	03/21/2011
Decision Date:	09/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family 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 36 year old male whose date of injury is 03/21/2011. The mechanism of injury is described as a slip and fall. Diagnosis is lumbar congenital spondylolisthesis. Treatment to date includes medication management, activity modification, physical therapy, home exercise program and individual psychotherapy. Utilization review treatment appeal dated 05/22/14 indicates that the injured worker has one remaining session of PT for the back authorized. He notes some improvement in posture. On physical examination lumbar range of motion is decreased. Motor strength is 5/5 in the bilateral lower extremities. Sensation is intact. The injured worker has completed 12 physical therapy visits since the date of injury for his lumbar spine.

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 between 5/13/2014 and 6/27/2014.: 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, Online Edition Chapter:Low Back Physical therapy (PT) Intervertebral disc disorders without myelopathy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for 6 physical therapy visits for the lumbar spine between 05/13/14 and 06/27/14 is not recommended as medically necessary. The injured worker had completed 12 prior physical therapy visits. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. As of 05/13/14, the injured worker had completed sufficient formal therapy and should have been capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.