

Case Number:	CM14-0094782		
Date Assigned:	07/25/2014	Date of Injury:	08/22/2011
Decision Date:	09/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 49-year-old individual was reportedly injured on August 22, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 12, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated no significant change, some tenderness to palpation and decreased range of motion. Diagnostic imaging studies were not presented. Previous treatment included multiple medications, physical therapy, injection modalities and pain management interventions. A request had been made for additional physical therapy and was non-certified in the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for lumbar spine twice a week for twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Noting the parameters outlined in the MTUS, physical therapy can be supported for short-term only. However, when noting the date of injury, the injury sustained, the

long-term unchanged clinical situation, there is no clinical indication presented to support this course of physical therapy. Transition to home exercise protocol to achieve ideal body weight and maximum conditioning is although to be supported. This request is not medically necessary.