

Case Number:	CM14-0095343		
Date Assigned:	07/25/2014	Date of Injury:	10/11/2013
Decision Date:	12/30/2014	UR Denial Date:	06/09/2014
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 Family Medicine, and is licensed to practice in Arizona. 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 patient is a 58 year old male with a date of injury on 10/11/2013. Diagnosis is of lumbar strain/sprain. Subjective complaints are of ongoing low back pain. Physical exam showed tenderness in the lumbar area and a positive straight leg raise. The patient has already completed 15 physical therapy sessions. Request is for an additional 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 ODG and CA MTUS recommends allowance for fading of treatment frequency(from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. The ODG recommends 9 visits over 8 weeks for low back pain. Submitted records do identify 15 visits of prior physical therapy. Documentation is not present that indicates specific deficits

for which additional formal therapy may be beneficial at this point in the patient's treatment. Therefore, the request for 8 physical therapy sessions is not medically necessary at this time.