

Case Number:	CM14-0096366		
Date Assigned:	09/22/2014	Date of Injury:	08/09/2006
Decision Date:	10/21/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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 Practice 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:

48 yr. old male claimant sustained a work injury on 8/9/06 involving the low back. He was diagnosed with lumbar pain and radiculitis. He had undergone a L5-S1 microdiscectomy and fusion in 2013. Post-operatively he had completed physical therapy. A progress note on 5/19/14 indicated the claimant had increasing back pain. He had been on Norco and Valium. Exam findings were notable for limited range of motion and a positive straight leg raise. The treating physician requested an additional 8 sessions of therapy for acute flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (Physical Therapy) X 8 for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MUS guidelines, therapy is recommended in a fading frequency. For myalgia and neuritis, physical therapy is recommended for up to 10 visits over 8 weeks. In this case, the claimant had completed an unknown amount of visits over the past year since the surgery. Additional exercises can be completed at home. There is no indication that

home exercises can't be performed. Additional 8 sessions are not justified and not medically necessary.