

Case Number:	CM13-0039521		
Date Assigned:	12/20/2013	Date of Injury:	06/21/2013
Decision Date:	12/09/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Florida, Maryland
Certification(s)/Specialty: Internal Medicine

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 47-year-old male who at the time of the injury worked as a tile installer for [REDACTED]. He states that on June 21, 2013 while unloading bags of cement and sand he experienced an onset of low back pain. The patient stated that the next morning his pain was unbearable and he decided to report the injury to his supervisor. On 6/25/2013 the patient went to get treatment for his pain at that time x-rays were obtained and he was provided with medications and a referred for physical therapy. The patient states that physical therapy provided no relief. He also had five sessions of chiropractic care, which also provided no relief. Currently the patient complains of constant low back pain with pain extending into the left hip and buttock. He rates his pain as a 5/10, which increases with sitting and standing. Currently no medications have been prescribed for the patient's injury. The current request is for additional lumbar physical therapy 2x/week for 8 sessions, which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar additional physical therapy x8, twice weekly for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Integrated Treatment/Disability Duration Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic): Physical Therapy Guidelines.

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

Decision rationale: The current request is for additional lumbar physical therapy 2x/week for 8 sessions is not supported by the guideline, since the patient has indicated that previous physical therapy was not helpful. CA-MTUS and ODG guidelines recommend physical therapy for 10 sessions over 8 weeks for treatment of lumbar strain/sprain. There is no documentation of the number of physical sessions this patient has received in the past. Also there is no documentation of any functional improvement with previous physical therapy sessions. Therefore, the request for lumbar physical therapy 2x/week for 8 sessions is not medically necessary.