

Case Number:	CM14-0174539		
Date Assigned:	10/27/2014	Date of Injury:	11/27/2008
Decision Date:	01/07/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational 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:

Injured worker sustained an industrial low back injury on 11/26/08. 01/21/13 physical therapy note documented completion of 16 therapy sessions. 06/12/13 office note stated that injured worker had been seen on an "urgent basis for intolerable symptoms immediately following multilevel lumbar fusion." A 08/26/14 office note documented complaints of a 3 month history of excruciating pain in the middle portion of the back. No recent physical therapy was documented. Lumbar x-rays revealed L2 through L5 fusion, and cervical x-rays revealed multilevel spondylosis. Treatment plan included physical therapy twice weekly x 6 weeks and medications. 10/01/14 office note stated that only 2 physical therapy sessions had been authorized. Injured worker reported ongoing back pain. On exam, focal tenderness was noted at L3 through S1, as well as at the superior iliac crest and bilateral sacroiliac joints. Muscle spasm and markedly limited range of motion were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 Weeks for the Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 76.

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

Decision rationale: MTUS would support up to 10 physical therapy sessions for the recently documented flare of symptoms. Based upon the submitted documentation medical necessity is not established for a course of therapy exceeding the guideline. The request for Physical Therapy 2 x 6 Weeks for the Lower Back is not medically necessary.