

Case Number:	CM14-0188527		
Date Assigned:	11/19/2014	Date of Injury:	05/01/2014
Decision Date:	01/07/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/12/2014

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:

33 years old male claimant sustained a work injury on 5/1/14 involving the low back. He was diagnosed with cervical, thoracic and lumbar strain. Prior x-rays had shown no acute abnormalities. He had undergone shockwave therapy and used a TENS unit. A progress note on 11/5/14 indicated the claimant had back pain radiating to the left leg with cramping sensation and sharp pain. Exam findings were notable for limited range of motion of the lumbar spine and positive straight leg raise on the left side. The physician requested continuation of a TENS unit 12 sessions of physical therapy and an MRI of the back. He had undergone over 12 sessions of therapy in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their

associated recommendation for number of visits: -Myalgia and myositis, unspecified: 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeksIn this case, the claimant had received over 12 sessions of physical therapy. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional 12 therapy sessions are not medically necessary.