

Case Number:	CM14-0189022		
Date Assigned:	11/19/2014	Date of Injury:	07/08/2013
Decision Date:	01/08/2015	UR Denial Date:	10/27/2014
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 Emergency 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:

The injured worker is a 34 year-old male, who sustained an injury on July 8, 2013. The mechanism of injury occurred when he pulled on a roll of carpet, filled with rocks. Pertinent diagnostics were not noted. Treatments have included: physical therapy, acupuncture, medications. The current diagnoses are: lumbar degenerative disc disease left lower extremity radiculopathy, lumbar facet arthropathy. The stated purpose of the request for Physical therapy 3x4 lumbar was not noted. The request for Physical therapy 3x4 lumbar was modified for 2 sessions of therapy to allow for documented functional benefit. Per the report dated October 20, 2014, the treating physician noted complaints of low back pain. Exam findings included flexion of 60 degrees, lumbar guarding and spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Visits to the Lumbar (3x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints, Physical Therapy

Decision rationale: The requested Physical Therapy Visits to the Lumbar (3x4) is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has low back pain. The treating physician has documented flexion of 60 degrees, lumbar guarding and spasms. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, or the medical necessity for additional physical therapy sessions beyond the number necessary to transition to a dynamic home exercise program. The criteria noted above not having been met, the request for Physical Therapy Visits to the Lumbar (3x4) is not medically necessary.