

Case Number:	CM14-0189925		
Date Assigned:	11/21/2014	Date of Injury:	08/13/2013
Decision Date:	01/26/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/13/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 57-year old female with a date of injury of 08/13/2013. She injured her low back lifting heavy boxes. She has chronic low back pain and had physical therapy, medication, activity modification and chiropractic care. On 08/13/2014 (year after the injury) she had low back pain with decreased lumbar range of motion. Straight leg raising was negative. There was tenderness to palpation of the lumbar paravertebral muscles. There was bilateral hip and groin tenderness. There was decreased sensation at the left L5 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2x6 WEEKS - BILATERAL LOW BACK AREA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: The patient already had physical therapy and chiropractic care for her low back injury and there is no documented improvement. MTUS ACOEM Chapter 12 Low Back Complaints notes that the purpose of a few visits of physical therapy is to educate the patient about a home exercise program. By this point in time relative to the injury she should have been

transitioned to a home exercise program. There is on objective documentation that continued formal physical therapy is superior to a home exercise program. Also, there is no objective documentation of any deficits in functionality that would preclude a home exercise program. Therefore, Physical Therapy 2x6 Weeks - Bilateral Low Back Area is not medically necessary.