

Case Number:	CM14-0209500		
Date Assigned:	12/22/2014	Date of Injury:	05/15/2013
Decision Date:	02/18/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 32 year old male with date of injury 5/15/13. The treating physician report dated 09/25/14 indicates that the patient presents with pain affecting his lower back. Patient complains of numbness of the lower back and right thigh to knee with tingling of the right foot. The last MRI was completed back in January 2014. The physical examination finds the low back tender with pain radiating to the right upper extremity/buttock. X-rays from 9/2/14 indicate minimal degenerative changes and mild degenerative joint disease facets. The current diagnosis is: 1. Lumbar spine strain. The utilization review report dated 11/4/14 denied the request for Physiotherapy based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of Physiotherapy 2x6 weeks for the back: Upheld

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

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

Decision rationale: The patient presents with low back pain. The current request is for Twelve sessions of Physiotherapy 2x6 weeks for the back. The treating physician indicates that the current request is to "Evaluate and treat...Educate the applicant Re: injury prevention, body mechanics, home care, exercise..." The MTUS guidelines allow physical therapy 8-10 visits for neuralgia type pain. The reports reviewed do not indicate that a new surgery has occurred and the current request for 12 physiotherapy visits is outside of the MTUS Guidelines for this type of condition. Recommendation is for denial.