

Case Number:	CM14-0084882		
Date Assigned:	07/23/2014	Date of Injury:	09/26/2008
Decision Date:	05/01/2015	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/06/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male who sustained an industrial injury on 9/26/2008. His diagnoses, and/or impressions, include lumbar disc displacement without myelopathy; and lumbar "HNP". No recent magnetic resonance imaging studies are noted. His treatments have included medication management. The physician progress notes of 5/2/2014 reported low back flare-up with spasms and pain with flexion and extension; helped by yoga and his home exercise program. The physician's requests for treatment included 12 physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy to the Lumbar Spine 2 times a Week for 6 Weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2008 and continues to be treated for chronic back pain. When seen by the requesting provider he had a flare up of symptoms. Treatments have included yoga and a home exercise program with benefit. Physical examination findings included muscle spasms and tenderness with decreased range of motion and decreased flexibility. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.