

Case Number:	CM14-0088065		
Date Assigned:	07/23/2014	Date of Injury:	09/30/2013
Decision Date:	04/08/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/11/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 37 year old male, who sustained an industrial injury on September 30, 2013. The diagnoses have included acute low back pain and lumbar radiculopathy. Treatment to date has included oral pain medications. Currently, the injured worker complains of back pain lower or lumbar sacral. In a progress note dated September 4, 2014, the treating provider reports examination of the lumbar spine revealed decreased range of motion. On May 14, 2014 Utilization Review non-certified low back additional physical therapy 2x/week quantity 6, noting, Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low back additional PT 2 x/week (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Integrated/Disability Duration Guidelines; ODG Low Back - Lumbar & Thoracic (Acute & Chronic); ODG Physical Therapy Guidelines.

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 based on Non-MTUS Citation ODG- Low back and therapy pg 74.

Decision rationale: According to the ODG guidelines, up to 10 sessions of therapy over 8 weeks is recommended for medical management of impingement syndrome. According to the ACOEM / MTUS 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. The claimant had completed numerous therapy sessions in the past exceeding the guidelines recommendations . Consequently, 6 therapy sessions are not medically necessary.