

Case Number:	CM14-0001928		
Date Assigned:	01/29/2014	Date of Injury:	10/22/2013
Decision Date:	06/19/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 53 year old male who reported an injury on 10/22/2013. The mechanism of injury was unclear within the clinical documentation submitted. The clinical note dated 12/20/2013 reported the injured worker reported worsening back pain. The injured worker completed 9 physical therapy sessions. The physical exam noted mild paraspinal muscle pain to the neck and lower back. The provider noted the injured worker had good range of motion. The provider also noted the injured worker was able to walk heel to toe and had a negative seated straight leg raise. The injured worker had diagnoses of cervical strain/sprain, back strain. The provider recommended 9 additional physical therapy visits for the lumbar spine. The request for authorization was submitted on 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NINE (9) ADDITIONAL PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND EDITION, 2004, LOW BACK COMPLAINTS CHAPTER,

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

Decision rationale: The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines recommend allowing for fading of treatment and frequency. The guidelines recommend 8-10 sessions for myalgia and neuralgia. The provider's rationale for the request for additional physical therapy is unclear. The injured worker completed 9 sessions of therapy and reported worsening back pain. The efficacy of the prior therapy was unclear. In addition, the request for an additional 9 sessions would exceed the guideline recommendations. Therefore, the request is not medically necessary.