

Case Number:	CM14-0113818		
Date Assigned:	09/16/2014	Date of Injury:	11/14/2011
Decision Date:	10/07/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Practice and is licensed to practice in California. 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:

This case involves a 65 year old female who sustained a work injury on 11/14/11 involving the low back. She was diagnosed with lumbar degenerative disc disease, lumbar stenosis, and lower extremity radiculopathy. In October 2013 she underwent back surgery and completed 12 post-operative physical therapy in February 2014. A progress note on 7/8/14 indicated the injured worker had 3/10 pain. Exam findings were notable for decreased painful range of motion of the lumbar spine. The treating physician requested an additional 8 sessions of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

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

Decision rationale: According to the MTUS guidelines, physical therapy is recommended in a fading frequency and most diagnoses allow for 10 visits over 8 weeks. In this case, the injured

worker had already received 12 sessions of therapy with good results and there is no indication of the inability to do home exercises. Therefore, this request is not medically necessary.