

Case Number:	CM14-0141772		
Date Assigned:	09/10/2014	Date of Injury:	11/15/2012
Decision Date:	10/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 46 year old female who sustained an injury to her low back on 11/15/12. The mechanism of injury was not documented. MRI of the lumbar spine dated 03/07/14 revealed multi-level degenerative disc disease and facet arthrosis; mild left-sided neural foraminal narrowing seen at L5-S1; visualized lumbar spine central canal and neural foramina are otherwise patent. The records indicate that the injured worker has been approved for at least 6 physical therapy visits to date that has provided some benefit. Physical therapy progress report dated 07/09/14 reported that the injured worker reported doing well over the last week since previous physical therapy visits; however, she had one day of reduction of symptoms at the right lumbar spine without radiation into the lower extremity lasting less than 2 hours. The injured worker felt she was able to do her exercises, which relieved her symptoms and she did not feel loss of range of motion in the low back. The injured worker was instructed in recovery of function phase for lumbar spine. The injured worker was recommended for additional physical therapy to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Chapter: Low Back - Lumbar & Thoracic, Physical Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The number of visits completed is unknown. The date of the last service was also not mentioned. Evidence to show that prior treatment resulted in significant improvement was not presented. For these reasons, the request was not deemed as medically appropriate. There was no mention that a surgical intervention has been performed. The Official Disability Guidelines recommends up to 10 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. There was evidence that the injured worker was actively participating in a home exercise program; however there was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines recommendations either in frequency or duration of physical therapy visits. Given this, the request for 3 physical therapy visits for the lumbar spine is not indicated as medically necessary.