

Case Number:	CM14-0161273		
Date Assigned:	10/06/2014	Date of Injury:	12/03/2012
Decision Date:	11/13/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 and Rehabilitation 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:

The underlying date of injury in this case is 12/3/2012. The date of the initial Utilization Review under appeal is 8/25/2014. On 8/5/2014, the primary treating physical medicine physician saw the patient in followup. The patient complained of constant moderate to severe pain in the lumbar spine aggravated by reaching, bending, or squatting. On examination the patient had 4+ spasm and tenderness in the bilateral lumbar paraspinals diffusely. The patient reported that physical medicine was the therapy that helped his pain the most and that he was pending a pain management consultation for possible epidural steroid injections to the lumbar spine. The treating physician recommended 6 additional visits to physical medicine based on prior improvement with such treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 99 recommends transition to an independent home rehabilitation program. The medical records emphasize that physical medicine treatment has helped the patient previously; that is a rationale for the patient to have previously transitioned to a home rehabilitation program, but not a rationale to continue with supervised physical medicine. Overall, the medical records do not clearly provide a rationale or basis or proposed methodology for physical therapy which would require additional supervised rather than independent treatment. Thus, the medical records and guidelines do not support this request for additional physical therapy. This request is not medically necessary.