

Case Number:	CM14-0168000		
Date Assigned:	10/15/2014	Date of Injury:	04/08/2014
Decision Date:	11/18/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/13/2014

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 Medicine 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 injured worker's date of injury is 04/08/2014. The original injury occurred while lifting packages. This patient receives treatment for chronic low back pain. On examination there is tenderness at L2-L4. Neurologic exam is normal. Low back range of motion (ROM) is reduced to 40 degrees of flexion. The patient's pain is treated with ibuprofen and tramadol. The medical diagnoses include: Lumbago, Muscle spasm, and Lumbar sprain. The patient received physical therapy for the back. Additional surgical history: the patient underwent a total knee replacement of the right knee on 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy 3 times weekly for 4 weeks for the lumbar spine.: Upheld

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

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

Decision rationale: This patient has chronic low back pain and received 17 sessions of physical therapy. The guidelines call for a fading of the therapy sessions and then the replacement of them

with a guided home program of exercises. The request for more physical therapy (PT) sessions is not medically indicated.