

Case Number:	CM14-0180929		
Date Assigned:	11/05/2014	Date of Injury:	08/31/2005
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/31/2014

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:

43 year old female claimant sustained a work injury on 8/13/05 involving the low back. She was diagnosed with HLA B27 positive sacroiliitis/ ankylosing spondylitis. She had received several months of physical and aqua therapy along with Remicade and radiofrequency ablations. A progress note on 8/7/14 indicated the claimant had neck pain and headaches for which she had received Botox injections. Her back was tender to palpation at the C7 level and SI joints. She was to continue physical therapy. A subsequent request was made on 10/17/14 for additional 6 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy , 6 visits for the lumbar spine once - twice per week , not to exceed 45-60 minute sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. The MTUS guidelines limit

therapy to 10 visits. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant has already undergone several months of physical therapy sessions. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary.