

Case Number:	CM14-0093105		
Date Assigned:	09/12/2014	Date of Injury:	12/23/2010
Decision Date:	10/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/19/2014

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 licensed in Chiropractic 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:

According to the available medical records, this is a 63 year old male patient with chronic neck pain, bilateral shoulders pain and low back pain, date of injury is 12/23/2010. Previous treatments include medications, physical therapy, surgeries of the shoulders and neck. Panel QME report dated 03/05/2014 noted that the patient had not undergone any formal assessment of his low back. Treating doctor first report dated 05/19/2014 revealed patient with complaints of low back pain and neck pain. Physical exam did not review any lumbar spine objective findings. Diagnoses, however, do include a lumbar strain L4-5 and L5-S1 DDD. The patient continued P+S with work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 Sessions For Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

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

Decision rationale: The patient presents with multiple body part injuries that include the low back. However, there is no history of formal assessment and treatments of the low back. The

most recent medical report dated 05/19/2014 revealed complaints of low back pain, however, there is no documentation of objective exam findings regarding flexibility, strength, endurance, functions, and ROM of the low back. There is no clear evidence to as why physical therapy is needed and what the goals of treatments are. The request for 12 Physical Therapy Sessions also exceeded the guideline recommendation and therefore, not medically necessary.