

Case Number:	CM14-0195292		
Date Assigned:	12/03/2014	Date of Injury:	03/06/2014
Decision Date:	01/15/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational 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 individual is a 45 y/o male who developed persistent low back pain subsequent to a lifting injury on 3/6/14. He has been diagnosed with chronic low back pain with left sided radiculitis. MRI studies have shown moderate diffuse spondylosis. In September '14 the treating physician recommended physical therapy 2X's week for 3 weeks. Subsequently several follow up visits have not documented participation, any denials, or benefits from the therapy. A recent request for physical therapy 2X's 4 weeks was reviewed in U.R. and denied due to lack of documentation and benefits from prior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits 2 x 4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 & 99.

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

Decision rationale: MTUS Guidelines support up to 8-10 sessions of physical therapy for most chronic painful musculoskeletal conditions including the low back. There has been a prior request for 6 sessions of therapy and there is no subsequent documentation of denials,

completion or benefits from this therapy. Without additional documentation, the request for an additional 8 sessions appears to significantly exceed Guideline recommendations without justification. Under these circumstances, the additional 8 sessions of physical therapy is not consistent with Guidelines and there are no unique circumstances to justify an exception. The request for physical therapy 2X's 4 weeks is not medically necessary.