

Case Number:	CM14-0155136		
Date Assigned:	09/25/2014	Date of Injury:	12/22/2003
Decision Date:	11/03/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 Texas and Mississippi. 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 injured worker is a 62-year-old male who reported an injury on 12/22/2003. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbago and lumbar disc disorder. The previous treatments included medication and 12 sessions of physical therapy. Within the clinical note dated 08/19/2014, it was reported the injured worker complained of pain in his back. He described the pain as constant soreness, aching over the bilateral thoracolumbar spine, right greater than left. Upon the physical examination, the provider noted the injured worker had moderate restriction to the range of motion of the thoracolumbar spine. The range of motion was flexion at 80%. The provider requested additional physical therapy sessions. However, a rationale was not submitted for clinical review. The rationale was to improve impairments. However, the request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional eighteen (18) physical therapy sessions for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines offer fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. The number of sessions requested exceeds the guidelines recommendations of 8 to 10 visits of physical therapy being recommended. The injured worker has already completed 12 sessions. Therefore, the request of additional eighteen (18) physical therapy sessions for low back is not medically necessary and appropriate.