

Case Number:	CM13-0001542		
Date Assigned:	05/02/2014	Date of Injury:	10/14/2011
Decision Date:	06/12/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/15/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 53-year-old male who reported an injury on 10/14/2011. The injured worker reportedly slipped off the last step of a 10-wheeled truck causing violent extension of the lumbar spine. Current diagnoses include low back, bilateral sacroiliitis, discogenic back pain, lumbago with lumbar facet arthropathy, and myofascial dysfunction. The injured worker was evaluated on 02/12/2014. The injured worker reported 7/10 in the lower back with radiation into the left lower extremity. Previous conservative treatment includes physical therapy, medication management, and rest. Physical examination on that date revealed stiffness, trigger points, tenderness at bilateral sacroiliac joints, diminished lumbar range of motion, positive straight leg raising on the left, reduced sensation in the left lower extremity, 5/5 motor strength positive Patrick's testing, positive Faber testing, and positive Gaenslen's testing. Treatment recommendations at that time included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY ON THE LUMBAR (FREQUENCY AND DURATION ARE UNSPECIFIED): Upheld

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

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. As per the documentation submitted, the injured worker has previously participated in physical therapy. However, there is no documentation of the previous course of treatment, with evidence of objective functional improvement. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.