

Case Number:	CM13-0022512		
Date Assigned:	11/13/2013	Date of Injury:	07/17/2012
Decision Date:	01/17/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management 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 physician 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 patient is a 27-year-old female who reported an injury on 07/17/2012. Her symptoms include low back pain. Her diagnoses are stated as lumbosacral degenerative disc disease and lumbar disc displacement. Objective findings from the most recent note on 08/16/2013 state that she ambulates to the exam room without assistance, she is able to sit comfortably without difficulty or evidence of pain, and she demonstrated a non-antalgic gait. Plan was noted for pain psychology and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week x 2 weeks Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state physical medicine is recommended for patients with neuralgia, neuritis, and radiculitis as 8 to 10 visits over 4 weeks. Active therapies are recommended based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. As the patient's most

recent physical exam had not documented objective functional deficits that would improve with physical therapy, the request is not supported by guidelines. Therefore, the request is non-certified.