

Case Number:	CM13-0027655		
Date Assigned:	11/22/2013	Date of Injury:	09/30/2011
Decision Date:	08/29/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 34 year old female whose date of injury is 09/30/2011. The mechanism of injury is described as a slip and fall. A progress report dated 07/15/13 indicates that the injured worker has undergone physical therapy and noticed increased low back pain and intermittent right leg pain. A note dated 08/26/13 indicates that the injured worker has completed 12 physical therapy visits with some improvement. Diagnosis is sprain lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 3XWK X 4WKS LUMBAR: 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 Manual therapy and manipulation Page(s): 58-60.

Decision rationale: There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The injured worker's diagnosis is lumbar strain which should have resolved at this time. The injured worker's compliance with an active home exercise program is not documented. The current request is excessive as CAMTUS

guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. Based on the clinical information provided, the request for additional physical therapy 3 x wk x 4 wks lumbar is not recommended as medically necessary.