

Case Number:	CM13-0028632		
Date Assigned:	06/06/2014	Date of Injury:	10/17/2011
Decision Date:	07/31/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/25/2013

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 New York and Texas. 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 51 year-old female who is reported to have sustained a work related injury on 10/17/11. The mechanism of injury is not described. The records reflect a diagnosis of lumbar strain with a left radiculopathy. The injured worker has previously received 18 sessions of physical therapy with benefit. Serial physical examinations are unremarkable and fail to document any objective findings that are consistent with an active radiculopathy. The injured worker's only medication is Celebrex. The request is for trunk stabilization exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRUNK EXERCISES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: The submitted records indicate that the injured worker sustained a lumbar strain over 2 years ago. She is not taking any analgesic medications and is working with restrictions. Serial examinations do not document any objective findings consistent with the

reported diagnosis of radiculopathy. The injured has completed 18 sessions of physical therapy within the last year with benefit. A component of all physical therapy programs is the performance of a home exercise program. There is no data presented which indicates that additional instruction in trunk exercises will result in functional improvements that cannot be obtained through a home exercise program. As such, the request is not supported as medically necessary.