

Case Number:	CM13-0033474		
Date Assigned:	12/27/2013	Date of Injury:	09/18/2012
Decision Date:	09/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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 Nevada. 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 54 year-old individual who was reportedly injured on September 18, 2012. The mechanism of injury is noted as a lifting event. The most recent progress note dated more than a year old (May, 2013) indicates that there are ongoing complaints of low back pain. The physical examination has no significant findings. Diagnostic imaging studies objectified previous epidural steroid injections. Previous treatment includes transforaminal epidural steroid injections, multiple medications, physical therapy, chiropractic care and other pain interventions. A request had been made for transforaminal epidural steroid injections and was not certified in the pre-authorization process on September 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: The medical records presented for review do not extend past one year ago. The most current record is May 2013 and does not have sufficient data to support the clinical indication for this request. Therefore, based on the lack of medical data this is not clinically supported.