

Case Number:	CM13-0039822		
Date Assigned:	12/20/2013	Date of Injury:	08/27/2012
Decision Date:	02/12/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine & Rehabilitation, 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 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 injured worker is a 46-year-old male with a date of injury on August 27, 2012. The mechanism of injury occurred in the context of lifting many heavy boxes from a trailer to a warehouse. The worker carries a diagnosis of lumbar radiculopathy and chronic low back pain. The patient has tried and epidural steroid injection, pain medications and at least six prior physical therapy sessions. A utilization review determination noncertified the additional physical therapy based upon a lack of documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: In the case of this injured worker, there is no documentation of the previous success of physical therapy. Guidelines recommend that physical therapy be continued if there is demonstrated functional improvements. The requesting healthcare provider has documented in item 4 of the plan on a progress note dated July 25, 2013 that the patient was educated self-

directed home exercise program. There is also no documentation of any failure of this home exercise program or of the patient's compliance to this program. Given the lack of documentation of the outcome in previous therapy, the request for additional physical therapy is recommended for non-certification.