

Case Number:	CM13-0055921		
Date Assigned:	12/30/2013	Date of Injury:	03/26/2007
Decision Date:	03/19/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/21/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 28 year-old female with a 3/26/07 industrial injury claim. According to the 11/20/13 report from [REDACTED], the patient presents with 7/10 low back pain. There was no surgical history, and the patient was pregnant. The diagnoses include lumbar pain, likely a disc or facet L4/5, L5/S1. The injections to clarify the pathology were of modest benefit and [REDACTED] states on 4/4/13, that there is likely a disk injury or SI joint problems, if SI joint injections are negative, he requests a discogram; Gravid due on 3/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with low back pain. At the time of the request for 12 physical therapy sessions, she was also pregnant. The Chronic Pain Medical Treatment Guidelines allow for up to 8-10 sessions of physical therapy for

various myalgias or neuralgias. However, the request for 12 visits of physical therapy sessions exceeds the Chronic Pain Medical Treatment Guidelines recommendation. Therefore, the request for 12 sessions of physical therapy is not medically necessary and appropriate.