

Case Number:	CM13-0060552		
Date Assigned:	12/30/2013	Date of Injury:	04/17/2000
Decision Date:	05/15/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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 Florida. 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 55-year-old male who reported an injury on 04/17/2000. The mechanism of injury was not provided. Current diagnoses include chronic low back sprain, left leg radiculopathy, left testicular pain, status post lumbar surgery, and myofascial pain syndrome. The injured worker was evaluated on 08/07/2013. The injured worker reported persistent lower back symptoms with activity limitation. Physical examination revealed an antalgic gait, muscle guarding, 4/5 strength, and absent lower extremity reflexes bilaterally. Treatment recommendations included continuation of current medication and physical therapy 3 times per week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE TREATMENT 6 SESSIONS: Upheld

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

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, there is no evidence of a significant musculoskeletal or neurological deficit. There is no documentation of objective functional improvement following a previous course of physical therapy. There is also no body part listed in the current request. Therefore, the request is non-certified.