

Case Number:	CM14-0001785		
Date Assigned:	01/22/2014	Date of Injury:	07/18/2009
Decision Date:	06/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/06/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 37-year-old male who reported an injury on 07/18/2009. The injured worker reported back pain and right leg pain on 10/11/2013. The provider indicated the injured worker had a mild limp at times with exacerbation of symptoms, flexion to mid thighs, a positive seated straight leg raise at 90 degrees bilaterally and positive knee reflex positive with reinforcement. The injured worker was diagnosed with thoracic or lumbosacral neuritis or radiculitis unspecified. The provider recommended the injured worker continue Norco and try Flexeril. The State of California Division of Workers Compensation Request for Authorization for Medical Treatment is dated 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X6 LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend 8-10 visits over 4 weeks and allow for fading of treatment frequency (from up to 3 visits per week

to 1 or less), plus active self-directed home physical medicine. In this case, it was noted the injured worker previously underwent physical therapy although it is unclear how many visits were completed and if a home exercise was begun. Also, the most recent physical evaluation does not indicate whether the injured worker has any significant functional deficits; the evaluation is very non specific to the injured workers current range of motion values. Additionally, the number of visits requested exceeds the number recommended by the guidelines. Therefore, the request is non-certified.