

Case Number:	CM14-0105866		
Date Assigned:	07/30/2014	Date of Injury:	08/30/2013
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/08/2014

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 & Rehab 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 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 36-year-old male who reported an injury on 08/30/2013. The mechanism of injury was not stated. The current diagnosis is lumbar spine sprain/strain with myalgia and radiculopathy. The injured worker was evaluated on 06/23/2014, with complaints of persistent lower back pain with numbness and tingling in the right lower extremity. Physical examination revealed spasm, paraspinal tenderness, positive straight leg raising on the right, and limited lumbar range of motion. Treatment recommendations included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six initial physical therapy for the lumbar spine with evaluation, two times a week for three weeks, as an outpatient: 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: The 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. Treatment for

unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. As per the documentation submitted, the injured worker has completed an unknown amount of physical therapy to date. There is no documentation of the previous course of treatment with evidence of objective functional improvement. Therefore, additional treatment cannot be determined as medically appropriate in this case. As such, the request is not medically necessary.