

Case Number:	CM14-0120202		
Date Assigned:	08/06/2014	Date of Injury:	04/26/2012
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/29/2014

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 and 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 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 50-year-old male with date of injury of April 26, 2012. The industrial diagnoses includes lumbosacral radiculitis, chronic low back pain, cervicgia, cervical radiculopathy, and other symptoms refer both to his back. According to a progress note in April 2014, the patient is on modified duty with no lifting over 35 pounds. The disputed issue is a request for 12 sessions of physical therapy for the lumbar spine, which was requested on April 28, 2014. A utilization review determination on July 7, 2014 had noncertified this request. The stated rationale was that at this point, the patient should be utilizing a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR LUMBAR SPINE- 12 SESSIONS: Upheld

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

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

Decision rationale: In the case of this injured worker, the date of injury is remote. The patient should have already undergone some physical therapy. The outcome of such physical therapy

and a transition to a self-directed home exercise program should have been detailed. In order to get more physical therapy at this juncture, there should be documentation of some interim injury or why the patient requires formal physical therapy. This information is not apparent in the submitted documentation, and therefore, this request is not medically necessary.