

Case Number:	CM14-0126783		
Date Assigned:	08/13/2014	Date of Injury:	03/07/2013
Decision Date:	09/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 underlying date of injury in this case is 03/07/2013. The patient's diagnoses include sacroiliac sprain and lumbar radiculopathy. On 05/09/2014, the patient was seen in primary treating physician followup and reported ongoing pain and spasm in the back. The patient requested a prescription for more longacting pain medication. The patient was attempting to alternate work duties. The treating physician refilled the patient's medications and recommended continued alternate work duties and further followup.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, page 99, recommends 10 visits over 8 weeks for myalgia unspecified or 10 visits over 8 weeks for radiculitis unspecified, with transition to active, independent home rehabilitation. The treatment

guidelines anticipate that, given the chronicity of this injury, the patient would have previously transitioned to an independent home rehabilitation program. A rationale or indication instead for additional supervised therapy at this time is not apparent. This request is not medically necessary.