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| Case Number: | CM14-0133387 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 01/04/2014 |
| Decision Date: | 12/26/2014 | UR Denial Date: | 08/01/2014 |
| Priority: | Standard | Application Received: | 08/20/2014 |

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 Occupational 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:

Injured worker (IW) sustained an industrial low back injury on 01/04/14. Diagnosis is listed as lumbar sprain and strain. 05/20/14 lumbar MRI was interpreted as consistent with disc protrusion and posterior annular fissure at L5-S1 with abutment of the descending left S1 nerve root without displacement or impingement. Mild circumferential disc bulges and disc desiccation were noted at L3-4 and L4-5. Office notes documented complaints of low back pain radiating to the right thigh, with restricted and painful range of motion on physical exam. Documented treatment to date has included medications and physical therapy (PT). 01/09/14 PT note documented completion of 5 of 6 therapy sessions. IW had been educated in a home exercise program. IW continued to report pain in the lumbosacral area with pain into the right thigh. IW was unable to meet usual job requirements and was off work. Right lower extremity strength and lumbar range of motion were impaired. 03/25/14 secondary treating physician's medical report stated that claimant had tried and failed 5 physical therapy sessions and chiropractic treatments. Treatment recommendations included further PT, medications, and possible facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 12 Visits Lumbar Spine: Upheld

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

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

Decision rationale: The requested 12 additional PT sessions exceed the MTUS Chronic Pain Medical Treatment Guidelines recommendation of up to 10 PT visits for this condition. Due to failure of significant documented subjective or functional improvement with previous therapy, medical necessity is not established for additional skilled therapy exceeding the guideline.