

Case Number:	CM14-0169699		
Date Assigned:	10/17/2014	Date of Injury:	10/14/1998
Decision Date:	11/28/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 10/14/1998. The date of the utilization review under appeal is 09/29/2014. The patient's diagnoses include a post-laminectomy syndrome as well as lumbar radiculopathy, lumbar degenerative disc disease, and low back pain. On 09/19/2014, a primary treating physician followup note indicates the patient presented for reevaluation of low back pain. The patient reported her medications helped her to be more active. The patient requested authorization for pelvic physical therapy. She noted she found this to be helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 Pelvis QTY: 12.00: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, page 99, recommends transition to an independent home rehabilitation program. This is a chronic injury in which such an independent home rehabilitation program would be anticipated by this time. The records do not provide a

rationale as to why additional supervised, rather than independent, rehabilitation would be indicated in this timeframe. This request is not medically necessary.