

Case Number:	CM14-0170133		
Date Assigned:	10/20/2014	Date of Injury:	06/20/2012
Decision Date:	11/28/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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 6/20/2012. The date of the Utilization Review under appeal is 10/1/2014. On 9/10/2014, the patient was seen by the treating physician in followup of chronic right-sided low back pain and right lower extremity pain, with an underlying MRI demonstrating multilevel discogenic changes. The treatment plan included a request for 6 sessions of physical therapy as noted in a recent qualified medical examiner report of 7/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/Low Back: Table 2, Summary of recommendations, Low Back Disorders>

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine recommends transition to an independent home rehabilitation program. Given the chronicity of this injury, this patient would

have been anticipated to have previously transitioned to such an independent home rehabilitation program. Neither the medical records nor the agreed medical examiner report provide a rationale as to why this patient instead would require additional supervised therapy at this time. This request is not medically necessary.