

Case Number:	CM14-0181677		
Date Assigned:	11/06/2014	Date of Injury:	11/25/2013
Decision Date:	12/26/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/01/2014

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 & 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 11/25/2013. The patient's primary diagnosis is a lumbar sprain. The utilization review under appeal is 10/03/2014. A primary treating physiatrist followup note of 09/30/2014 notes that the claimant complained of low back pain. The patient was being treated with ibuprofen, Ultram E.R., and Prilosec. On exam the patient was noted to have scoliosis in the lumbar spine and tenderness from L1 through S1, with no spasm present. Range of motion was painful in multiple directions. Straight leg raising was negative. There were no changes in the neurological exam. The treating physician recommended continuation with the patient's present medication and present home exercise program. At further followup on 10/13/2014, the patient continued with ongoing low back pain, and the treating physician recommended continuation with the patient's existing home exercise program. Previously on 08/25/2014, the patient was seen in initial physiatry evaluation. At that time the treating physician noted the patient had initially been injured when a resident hit her in the back when she was performing duties as a nurse. At that time the patient reported that physical therapy and exercise provided moderate relief. The treatment plan at that time included six sessions of physical therapy with a written home program for core muscle strengthening and stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy for the lumbar spine, once weekly for six weeks: Upheld

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

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, recommend transition to an independent active home rehabilitation. The medical records indicate that the treating physician assumed care of this patient in a chronic setting and noted that the patient had been previously instructed in a physical therapy program and home exercise. The medical records do not clearly provide a rationale as to why additional supervised rather than independent rehabilitation would be indicated. It is not apparent that the requested treatment at this time differs in any manner from the patient's prior home rehabilitation program. Overall, the medical records and guidelines do not support this request. This request is not medically necessary.