

Case Number:	CM14-0033216		
Date Assigned:	06/20/2014	Date of Injury:	05/31/1990
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 Texas. 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 injured worker is a 67 year old female whose date of injury is 05/31/1990. The mechanism of injury is not described. Report dated 12/02/13 indicates that she complains of low back pain traveling down the whole right leg. On physical examination there is tenderness over the posterior superior iliac spine on the right. Diagnoses are herniated disc at L3-4 and musculoligamentous sprain of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The request is excessive as California Medical Treatment Utilization Schedule guidelines would

support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.