

Case Number:	CM14-0038436		
Date Assigned:	06/27/2014	Date of Injury:	11/14/2013
Decision Date:	07/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 33-year-old individual with a date of injury of November 14, 2013. The mechanism of injury occurred when the patient was cleaning out a stockroom and rearranging boxes. The patient developed left back pain radiating to the left thigh and knee. The injured worker's diagnoses include lumbosacral sprain, brachial neuritis or radiculitis, and chronic low back pain. A utilization review determination on March 21, 2014 had noncertified the request for physical therapy and lumbar MRI. The stated rationale for the denial of the lumbar MRI was that there was "minimal medical records presented" which did not suggest any type of comprehensive physical examination or assessment of the lumbar spine. With regard to physical therapy, the utilization reviewer pointed out that the duration or clinical indication for such therapy as well as the body region was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Physical Medicine Section>, page(s) 99 Page(s): 99.

Decision rationale: This request was not properly made in terms of duration of physical therapy and the intended body region. Furthermore, the submitted progress notes are handwritten and difficult to decipher. The medical necessity of physical therapy is not demonstrated. This request is not medically indicated at this time.