

Case Number:	CM14-0039632		
Date Assigned:	06/27/2014	Date of Injury:	01/14/2013
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, 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 25 year old female who sustained an injury to her low back on 01/14/13 while unloading a truck; her left foot got stuck in a crack between the truck and the building, injuring her left ankle and causing onset of low back pain. Physical examination noted muscle spasm at the lower lumbar area about L4-5 more midline; surgical scar not present; tenderness to palpation present; straight leg raise negative bilaterally, but causes low back pain only with radiation of pain. Range of motion testing was deferred, and sensation in the bilateral lower extremities was normal. It was noted that the injured worker has completed at least eight visits of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X4, Lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

Decision rationale: There does not appear to have been any demonstration of functional improvement with prior physical therapy treatment, which would justify further treatment. There was no mention that a surgical intervention has been performed. The Official Disability Guidelines recommend up to 10 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guideline recommendations, either in frequency or duration of physical therapy visits. Given this, the request is not indicated as medically necessary.