

Case Number:	CM14-0042654		
Date Assigned:	06/30/2014	Date of Injury:	11/01/2013
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

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 and Nevada. 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 52-year-old whose date of injury is November 1, 2013. The mechanism of injury is described as cleaning a stable. The injured worker reported low back pain. Treatment to date is noted to include physical therapy and chiropractic care. Note dated March 17, 2014 indicates that lumbar magnetic resonance imaging revealed multilevel discogenic disease. Diagnosis is lumbar sprain. The injured worker has completed at least 12 physical therapy visits to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Based on the clinical information provided, the request for physical therapy lumbar is not recommended as medically necessary. The injured worker has completed at least 12 physical therapy visits to date for diagnosis of lumbar sprain. The Official Disability

Guidelines support up to ten sessions of physical therapy for the injured worker's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Additionally, the request is nonspecific and does not indicate the frequency and duration of treatment being requested. The request for physical therapy of the lumbar is not medically necessary or appropriate.