

Case Number:	CM14-0048317		
Date Assigned:	07/02/2014	Date of Injury:	03/24/2011
Decision Date:	08/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/16/2014

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 and is licensed to practice in Illinois. 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 36-year-old female who reported an injury on 03/24/2011. The mechanism of injury was not stated. Current diagnoses include cervical myalgia, thoracic myospasm, and lumbar sprain. The latest physician progress report submitted for this review is documented on 03/12/2014. The injured worker reported a severe flare up of pain. The physical examination revealed severe pain with flexion and extension, positive Kemp's testing on the left, left SI joint pain and swelling, sensory loss in the left lower extremity, and weakness. Treatment recommendations included a referral for treatment with a primary treating physician and therapeutic care for 6 sessions with reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: California MTUS ACOEM Practice Guidelines state physician followup can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, the specific type of therapeutic sessions was not listed in the request. Therefore, the current request cannot be determined as medically appropriate. The medical necessity for followup sessions with a primary treating physician with a re-evaluation has not been established. As such, the request is not medically necessary.

6 Therapeutic Care Sessions with Primary Treating Physician: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: California MTUS ACOEM Practice Guidelines state physician followup can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, the specific type of therapeutic sessions was not listed in the request. Therefore, the current request cannot be determined as medically appropriate. The medical necessity for followup sessions with a primary treating physician with a re-evaluation has not been established. As such, the request is not medically necessary.