

Case Number:	CM14-0075162		
Date Assigned:	07/16/2014	Date of Injury:	07/26/2011
Decision Date:	08/14/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 33 year-old individual who was reportedly injured on 7/26/2011. The mechanism of injury is noted as an industrial injury. The most recent progress note, dated 2/4/2014. Indicates that there are ongoing complaints of low back pain with left lower extremity radicular pain. The physical examination demonstrated lumbar spine: positive tenderness to palpation bilateral lumbosacral paraspinals, left greater than right, decreased range of motion with pain, positive straight leg raise on the left at 45. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, epidural steroid injection, medications, lumbar spine brace, and modified duty. A request was made for physical therapy of lumbar spine 2X4, and was not certified in the pre-authorization process on 4/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2x4 for the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 98, 99 of 127 Page(s): 98, 99 OF 127.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommends a maximum of 10 visits. The claimant has complaints of chronic low back pain, and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent previous sessions of physical therapy and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.