

Case Number:	CM14-0087166		
Date Assigned:	07/23/2014	Date of Injury:	01/10/2013
Decision Date:	09/24/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 Family 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 39 year old female whose date of injury is 01/10/13. On this date the injured worker attempted to sit in a chair which broke and she fell down, aggravating her low back pain. Diagnoses are lumbosacral musculoligamentous sprain/strain with radiculitis, rule out lumbosacral spine discogenic disease, and sleep disturbance secondary to pain. Evaluation dated 10/23/13 indicates that the injured worker is working regular duty. The injured worker underwent an extensive course of physical therapy. Note dated 01/30/14 indicates that the injured worker complains of radiating pain in the lower back. There is grade 3 tenderness to palpation over the lumbar paraspinals. There is restricted range of motion and straight leg raising is positive bilaterally. Note dated 03/06/14 indicates that pain is rated as 6/10 visual analog scale (VAS). There is grade 2 tenderness to palpation. Note dated 05/15/14 indicates that chiropractic treatment helps decrease the injured worker's pain. A trial of six visits of chiropractic treatment was authorized on 05/30/14. The request for physical therapy resulted in denial in the utilization review process on 5/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy retro (DOS 1/6/14- 1/8/14, 1/13/14, 1/15/14, 1/20/14, 2/4/14, 2/6/14, 2/11/14 -2/13/14, 2/18/14 -2/20/14, 2/25/14-2/27/14, 3/12/14-3/14/14, 3/18/14,and 3/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability 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.

Decision rationale: The injured worker had completed nine physical therapy visits as of 09/25/13. Note dated 10/23/13 indicates that the injured worker was working regular duties. Four additional sessions were authorized for dates of service 01/21/14, 01/27/14, 01/28/14 and 02/03/14 for instruction in and transition to an independent, self directed home exercise program. The Official Disability Guidelines support up to ten sessions of physical therapy for the patient'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 should have been transitioned to an independent, self directed home exercise program upon completion of the previously authorized twelve visits of physical therapy.