

Case Number:	CM14-0177056		
Date Assigned:	10/30/2014	Date of Injury:	05/02/2008
Decision Date:	03/13/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old female who reported an injury on 05/02/2008. The mechanism of injury was not stated. The current diagnoses include lumbar myofascial sprain and coccyx sprain. The injured worker presented on 10/06/2014 with complaints of persistent low back pain, stiffness, and spasm. The current medication regimen includes baclofen 10 mg, Soma 350 mg, doxepin 75 mg, Norco 10/325 mg, and OxyContin 40 to 60 mg. Upon examination, there was tenderness to palpation in the lumbar paravertebral musculature, sacroiliac joint tenderness bilaterally, coccyx tenderness, 50 degree flexion, 20 degree extension, 30 degree right and left lateral bending and rotation, negative orthopedic testing, 5/5 motor strength, and 2+ deep tendon reflexes with intact sensation. Recommendations included physical therapy twice per week for 6 weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy 2 (two) x 3 (three) times week for 6 (six) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. It is noted that the injured worker has previously participated in physical therapy; however, there was no documentation of the previous course with evidence of objective functional improvement. Additionally, there was no specific body part listed in the current request. As such, the request is not medically appropriate.