

Case Number:	CM14-0186852		
Date Assigned:	11/14/2014	Date of Injury:	09/04/2014
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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 patient is a 51-year-old male who has submitted a claim for lumbosacral strain associated with an industrial injury date of 9/4/2014. There is no progress report submitted. Per utilization review, the patient complained of intermittent, localized low back pain related to operating a forklift. He denied numbness and tingling sensation. Physical examination showed positive straight leg raise test at 40 degrees bilaterally, lumbosacral tenderness and 4/5 muscle strength of right lower extremity. Treatment to date has included 6/12 sessions of physical therapy and medications. The utilization review from 10/27/2014 denied the request for physiotherapy to the lumbar spine because of no documentation concerning response to previous therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, physical therapy

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be

tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the patient completed six out of twelve authorized physical therapy sessions. However, there was no objective evidence of overall pain improvement and functional gains derived from the treatment. The patient had six remaining sessions and there was no discussion concerning need for extension of therapy services. Furthermore, no progress report was submitted for review. The present request as submitted also failed to specify the number of sessions. Therefore, the request for physiotherapy lumbar is not medically necessary.