

Case Number:	CM14-0191987		
Date Assigned:	11/25/2014	Date of Injury:	09/18/2014
Decision Date:	01/12/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, Allergy and Immunology and is licensed to practice in Florida. 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 61-year-old male who reported an injury on 09/18/2014. The mechanism of injury occurred when the injured worker was pulling a stack of milk and felt a pain to his lower back. The diagnoses included sacral sprain/strain, right radiculopathy, and rule out herniated disc, lumbago, weakness of the right lower extremity. The diagnostics included an x-ray. Medications included hydrocodone. The clinical notes dated 10/27/2014 of the objective findings of the lumbar spine revealed the injured worker was able to ambulate with no difficulty. Mild distress secondary to pain. Flexion was 20/60, extension 10/25, the right lateral bending was 10/25, and the left lateral bending was 10/25, no subluxation was noted on flexion/extension of the spine, and paraspinal muscles were moderately tender to palpation. Straight leg raise was positive on the right. Sensation was decreased at the right L5 distribution. The request for authorization was submitted within the documentation. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

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

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

Decision rationale: The California MTUS states that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation lacked evidence of functional deficit, efficacy of the medication, and neurological deficits. Therefore, the request is not medically necessary.