

Case Number:	CM14-0198670		
Date Assigned:	12/09/2014	Date of Injury:	07/17/2012
Decision Date:	01/26/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/25/2014

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:

This individual is a 50 year old female who has developed persistent cervical and lumbar pain subsequent to a slip and fall on 7/17/12. She has been diagnosed with cervical and lumbar radiculitis. Treatment has included epidural injections with fair success. She is scheduled for a lumbar epidural and there was a request for an associated 12 sessions of physical therapy for core strengthening. She continues to work, although with activity related discomfort. In addition, it is documented that she participates in a home exercise program. The request for physical therapy was modified to approval of 2 sessions post epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 low back: Upheld

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

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, Physical Therapy

Decision rationale: MTUS Guidelines do not address this specific circumstance. ODG Guidelines does address the issue of post epidural physical therapy and recommends up to 2

sessions as adequate. This individual continues to work and participate in a home exercise program. There are no unusual circumstances to justify an exception to Guidelines. The request for 12 sessions of physical therapy is not supported by Guidelines and 2x's weeks for 6 weeks of therapy is not medically necessary.