

Case Number:	CM15-0006606		
Date Assigned:	01/26/2015	Date of Injury:	04/21/2014
Decision Date:	03/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/12/2015

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 43-year-old female who reported an injury on 04/21/2014. The mechanism of injury was not submitted for review. The injured worker has diagnosis of lumbar degenerative disc disease and lumbar strain. Past medical treatment consists of chiropractic therapy and medication therapy. No diagnostics were submitted for review. On 08/14/2014, the injured worker complained of pain in the lumbar back and left buttocks. Objective physical findings noted that there was tenderness to the back and pain with range of motion. Medical treatment plan is for the injured worker to undergo physical medicine rehabilitation evaluation. Rationale was not submitted for review. Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine and rehabilitation evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: The request for physical medicine rehabilitation evaluation is not medically necessary. California MTUS Guidelines state that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation provided no evidence that the current treatment requested for the injured worker had failed to result in improvement in the injured worker's complaints or that the injured worker required physical medicine and rehabilitation evaluation for control of her low back. Based on the submitted documentation and the evidence based guidelines, the request would not be indicated. As such, the request is not medically necessary.