

Case Number:	CM15-0008335		
Date Assigned:	01/26/2015	Date of Injury:	07/18/2014
Decision Date:	03/26/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/14/2015

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, Arizona

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 30-year-old male who reported an injury on 07/22/2014. The mechanism of injury was not stated. The current diagnoses includes sciatica, lumbar sprain and enthesopathy of the hip. The injured worker presented on 01/16/2015 with complaints of chronic low back pain. It was noted that the injured worker had completed 3 sessions of physical therapy. The injured worker reported an improvement in symptoms with physical therapy. It was noted that the injured worker had 6 to 7 authorized sessions left. Upon examination of the lumbar spine, there as tenderness to palpation, decreased range of motion by 20%, 5/5 motor strength, and intact sensation. Recommendations included 12 sessions of acupuncture. There was no request for authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 9 sessions for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The 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. The injured worker has completed an initial course of physical therapy. There was no documentation of the previous course of objective function. There was no documentation of the previous course with evidence of objective functional improvement. It was noted that the injured worker had 6 to 7 remaining authorized sessions. The injured worker would need to complete the 6 to 7 authorized sessions prior to a request for additional treatment. Given the above, the request is not medically appropriate at this time.