

Case Number:	CM15-0012221		
Date Assigned:	01/29/2015	Date of Injury:	09/28/2013
Decision Date:	04/15/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female, who sustained an industrial injury on September 28, 2013. She has reported a dull aching low back pain and bilateral knee pain. The diagnoses have included lumbar sprain, lumbar disc protrusion, bilateral knee internal derangement, bilateral knee contusion, sleep disturbance secondary to pain and situational depression. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of low back pain and bilateral knee pain. The injured worker reported an industrial injury in 2013, resulting in low back pain and bilateral knee pain. She was treated conservatively without resolution of the pain. Evaluation on October 30, 2014, revealed an asymptomatic right knee and continued pain in the low back and left knee. The plan included a lumbar support and to put physical therapy on hold until next follow up. A follow up magnetic resonance image was requested. On January 14, 2015, Utilization Review non-certified a request for Outpatient Occupational therapy 3 times a week times 6 weeks for the lumbar spine, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of requested Outpatient Occupational therapy 3 times a week times 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Occupational therapy 3 times a week times 6 weeks for the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Occupational therapy is not an appropriate treatment for the lumbar spine. Additionally, the attached medical record does indicate that there has been previous participation in physical therapy which was stated to help decrease the injured employee's pain. It is unclear if there is current participation in a home exercise. However, considering previous participation formal physical therapy, this request for occupational therapy three times a week for six weeks for the lumbar spine is not medically necessary.