

Case Number:	CM15-0019657		
Date Assigned:	03/20/2015	Date of Injury:	07/03/2011
Decision Date:	04/24/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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: Preventive Medicine, Occupational Medicine

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 was a 50 year old female, who sustained an industrial injury, July 3, 2011. The injured worker previously received the following treatments Ibuprofen, Robaxin, Prilosec, MRI of the lumbar spine, acupuncture and right knee surgery. The injured worker was diagnosed with left sacroiliac joint sprain/strain, lumbar disc disease, lumbar facet syndrome and lumbar radiculopathy. According to progress note of December 18, 2014, the injured workers chief complaint was lumbar spine pain. The injured worker rated the pain 7 out of 10; 0 being no pain and 10 being the worse pain. The pain was described as constant, sharp, dull, throbbing and stabbing. The physical exam noted tenderness of the left side of the sacroiliac with decreased range of motion of the lumbar spine. The treatment plan included sacroiliac joint injection, random drug screening and an interferential unit physical medicine for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Lumbar Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state 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. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. The medical records provided for review document the patient has completed 41 session of physical therapy in the last 12 months. Additional physical therapy is not medically necessary.