

Case Number:	CM15-0190796		
Date Assigned:	10/02/2015	Date of Injury:	06/12/2015
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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: Pennsylvania, Ohio, 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 26 year old female, who sustained an industrial injury on 6-12-2015. The injured worker is undergoing treatment for lumbar pain, lumbosacral spasm and bilateral sacroiliac joint pain. Medical records dated 9-3-2015 indicate the injured worker complains of back pain "overall pain improving. Some movements still painful at times." The prognosis is listed as good. Exam dated 8-24-2015 indicates low back pain rated 7 out of 10 and aggravated by movement. The prognosis is listed as guarded. Physical therapy exam dated 9-3-2015 notes lower extremities range of motion (ROM) within normal limits and "rotation of spine mildly increase left sacroiliac pain." There is positive sacroiliac compression and sacroiliac distraction on the left. The therapist notes "80% decrease pain at left sacroiliac joint. With being pregnant treatment needs to be gentle." The assessment indicates, "Has had a good decrease in overall pain. Still tender to deeper palpation. Core strength improving. Still improving overall but is limited in some activities." Treatment to date has included chiropractic treatment and physical therapy. The original utilization review dated 9-11-2015 indicates the request for continued physical therapy 3X3 to lumbar spine (DOR9-4-15) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 3x3 to lumbar spine (DOR 9/4/15): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.