

Case Number:	CM14-0103815		
Date Assigned:	07/30/2014	Date of Injury:	01/02/2014
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Pain Management and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 01/02/2014. The patient's treating diagnoses include lumbar enthesopathy, lumbar spondylosis at multiple levels, and a lumbar bulge at L5-S1. The patient received previous physical therapy treatment. As of 04/28/2014, an initial primary treating physician evaluation and report discusses this patient's initial injury when he stooped down to walk underneath scaffolding and then developed sharp pain in his lower back which then worsened. That report indicates that the claimant attended three sessions of physical therapy with no improvement. The patient reported ongoing pain in the low back and radiating to the buttock and bilateral lower extremities, worse on the left. The pain limited the patient's activities of daily living. The treating provider recommended that the patient undergo further physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the lumbar spine 3x4: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 98-99, recommends active therapy specific to a given patient and recommends that this patient transition to independent home rehabilitation. The current medical records are unclear regarding how the currently proposed physical therapy would differ from past therapy either in methodology or in treatment goals. At this time the records do not provide a rationale or basis to support additional supervised physical therapy rather than independent home therapy. This request for Physical Therapy is not medically necessary.