

Case Number:	CM14-0104882		
Date Assigned:	07/30/2014	Date of Injury:	11/13/2013
Decision Date:	10/06/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 51-year-old male who was reportedly injured on November 13, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 19 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'11", 210 pound normotensive (127/77) individual. There was no loss of grip strength identified. There was tenderness to palpation in the lumbosacral area. A slight decrease in lumbar spine range of motion was noted and straight leg raise was positive at 55. A slight decrease in lumbar spine range of motion was also reported. Diagnostic imaging studies were not reported. Previous treatment included medications, chiropractic care, physical therapy and acupuncture. A request was made for physical therapy and was not certified in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy visits for the lumbar and thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98, 99 OF 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The injured worker has multiple chronic complaints and review of the available medical records fails to demonstrate an improvement in pain or function with prior interventions. There is an absence of clinical documentation to support additional visits. This request is not considered medically necessary.