

Case Number:	CM14-0153523		
Date Assigned:	09/23/2014	Date of Injury:	04/28/2014
Decision Date:	10/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 32 year old with an injury date on 4/28/14. No subjective pain was included in provided reports but utilization review letter dated 8/11/14 stated complaints of back pain and left leg/great toe numbness. Based on the 6/24/14 work status report provided by [REDACTED] the diagnoses are pain - right hand, eye problem OT, s/s lumbar and other symptoms referable to back. No physical exam was included in reports, but utilization review dated 6/24/14 showed "sensory change in great toe and decreased lumbar range of motion." [REDACTED] is requesting physical therapy (PT) lumbar. The utilization review determination being challenged is dated 8/11/14. [REDACTED] is the requesting provider, and he provided work status reports (with no PR-2's) from 5/2/14 to 6/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No subjective pain was included in provided reports. The treater has asked for physical therapy (PT) lumbar. Review of the reports do not show any evidence of physical therapy being done in the past. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. As patient has not had recent physical therapy, a course of 10 sessions of therapy would be indicated. The requested physical therapy (PT) lumbar, however, does not include a number of sessions. Due to a lack of specificity in the request, recommendation is for denial.