

Case Number:	CM14-0181605		
Date Assigned:	11/06/2014	Date of Injury:	08/11/2000
Decision Date:	12/26/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/31/2014

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 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 08/11/2000. The primary treating diagnosis is a lumbosacral sprain. The utilization review under appeal is dated 10/02/2014. On 09/09/2014, the patient was seen in primary treating physician follow-up regarding back pain radiating to the left leg with associated numbness. The patient's medications were reviewed, including reported 50% improvement with a combination of Norco, Lyrica, Flexeril, Ibuprofen, and Colace. The patient reported she had found physical therapy to be helpful in the past, and she wanted to resume physical therapy. The patient also requested an MRI to the back to determine why her pain symptoms were worsening. On exam the patient had limited lumbar motion and had muscle rigidity in the lumbar trunk suggesting muscle spasm. The treating physician requested an updated lumbar MRI and also requested 12 physical therapy visits to improve range of motion and strength in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions for the lumbar spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work Loss Data Institute, California Code of Regulations

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommend transition to an independent active home rehabilitation program. The medical records at this time indicate that the patient was previously instructed in a home rehabilitation program for this chronic injury. The records and guidelines do not provide a rationale for additional supervised therapy rather than continued independent home rehabilitation. Therefore, this request is not medically necessary.