

Case Number:	CM14-0094121		
Date Assigned:	07/25/2014	Date of Injury:	08/26/2013
Decision Date:	10/09/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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 Texas and Ohio. 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 38-year-old male who reported injury on 08/26/2013; he reportedly sustained injuries to his lower back when he lifted a water jug at work. The injured worker's treatment history has included medications, x-rays, and surgery. The injured worker was evaluated on 05/16/2014, and it was documented the injured worker complained of constant lumbar spine and groin pain with radiculopathy. The physical examination revealed tenderness to palpation over the lumbar spine with decreased range of motion and positive straight leg raise. The injured worker's diagnoses included lumbago. The initial Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy (2x6) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter: Physical Therapy

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

Decision rationale: This request is not medically necessary. The California MTUS guidelines only support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted failed to indicate the injured worker's prior conservative care, including any physical therapy. The provider failed to indicate long-term functional goals and outcome measurements. Given the above, the request for physical therapy 2 times a week for 6 weeks to the lumbar spine is not medically necessary.