

Case Number:	CM14-0098541		
Date Assigned:	09/23/2014	Date of Injury:	11/15/2013
Decision Date:	10/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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 injured worker is a 41-year-old male who reported an injury on 11/15/2013. The mechanism of injury was from an assault. The injured worker's diagnoses included severe concussion and closed head injury, musculoligamentous strain/sprain of the cervical spine with chronic neck pain, contusion, and musculoligamentous strain/sprain of the lumbar spine with chronic low back pain. The injured worker's past treatments include medications, work modifications, and physical therapy. The injured worker's diagnostic testing included unofficial x-rays of the cervical spine and lumbar spine on an unknown date; official MRI of the lumbar spine on 05/22/2014, which revealed no evidence of spinal fracture, no significant spinal stenosis, or herniated nucleus pulposus. The injured worker's surgical history was not provided. On the clinical note dated 08/13/2014, the injured worker complained of neck pain rated 3/10, low back pain rated 5/10, headaches, memory loss, and occasional blurry vision. The injured worker had lumbar range of motion with flexion at 20 degrees and extension at 10 degrees. The injured worker's medications were not provided. The request was for physical therapy for the low back and/or sacral vertebrae. The rationale for the request was not provided. The authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lower Back and/or Sacral Vertebrae: Upheld

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

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

Decision rationale: The request for physical therapy for lower back and/or sacral vertebrae is not medically necessary. The injured worker is diagnosed with neck sprain, thoracic region sprain, and lumbar region sprain. The injured worker complains of neck pain rated 3/10 and low back pain rated 5/10. The California MTUS Guidelines recommend active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 to 10 visits over 8 weeks. There is a lack of documentation indicating the number of sessions, as well as efficacy of prior physical therapy. Additionally, the request does not indicate the number of physical therapy visits being requested. As such, the request for physical therapy for the lower back and/or sacral vertebrae is not medically necessary.