

Case Number:	CM14-0211923		
Date Assigned:	12/24/2014	Date of Injury:	06/23/2014
Decision Date:	02/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient has a date of injury on 6/23/2014. Diagnosis includes lumbar sprain and strain. According to the progress report dated 10/22/14 the patient presented with constant lower back pain, tingling and numbness to bilateral legs. Physical exam revealed decreased lumbar ROM, SLR increases back pain on the right. Treatment has included physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, www.odg-twc.com/preface.htm#physicaltherapyguidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: Based on guidelines physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms, such as pain, inflammation and swelling as well as to improve the rate of healing soft tissue injuries. They can

be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement and home exercise program. Based on the medical records, there is no documentation that the patient has a home exercise program; therefore, this request is not medically necessary.