

Case Number:	CM15-0014785		
Date Assigned:	02/02/2015	Date of Injury:	09/18/2014
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury on 09/18/2014 due to pulling straps on a shrink-wrapped pallet when it busted and he fell backwards. On 12/05/2014, he presented for a follow-up evaluation regarding his work related injury. He reported pain in the low back rated at a 5/10. A physical examination showed minimal tenderness to palpation and swelling to the right occipital area and positive swelling to the back with positive sensory loss to the left lower extremity. There was also decreased range of motion to the lumbar spine and tenderness to palpation and swelling noted in the lumbar and sacral, and spasms at the bilateral L1-S1. There was also tenderness to palpation and swelling in the chest wall, anterior chest, and lateral chest. He was diagnosed with open wound of the scalp without mention of complication, sprain, and strain of the lumbosacral, contusion of the chest wall, contusion of the face, scalp, and neck except eye, and contusion of the elbow. The treatment plan was for physical therapy for the lumbar spine. The rationale for the treatment was to treat the injured worker's functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

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

Decision rationale: The California MTUS Guidelines indicate that physical therapy is recommend for 9 to 10 visits over 8 weeks for myalgia and myositis unspecified. For neuralgia, neuritis and radiculitis unspecified 8 to 10 visits over 4 weeks is recommended. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding to the lumbar spine. While it is noted that he has significant functional deficits of the lumbar spine, the number of sessions being requested was not stated within the request. Without this information, the request would not be supported. Therefore, the request is not medically necessary.