

Case Number:	CM15-0117373		
Date Assigned:	06/25/2015	Date of Injury:	12/17/2014
Decision Date:	07/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/17/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28 year old female who sustained an industrial injury on 12/17/2014. Mechanism of injury was a slip and fall and she landed on her tailbone. Diagnoses include sacroiliac inflammation, coccydynia, and low back pain. Treatment to date has included diagnostic studies, physical therapy, chiropractic sessions, and medications. A physician progress note dated 06/10/2015 documents the injured worker complains of low back and sacral pain. Lower back and sacral pain is improving. With physical therapy she reports reduced frequency and severity of back pain. Functionally she reports increased tolerance for sitting, standing, washing dishes, laundering clothes and most activities of daily living. Her medication is Ibuprofen. Motor strength is 5/5 in the lower extremities. A Magnetic Resonance Imaging of the lumbar spine done on 02/11/2015 was normal. An unofficial report of a computed tomography of the sacrum and coccyx showed no abnormalities. Treatment requested is for physical therapy x12 for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 for the low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. Patient has completed 12 sessions of physical therapy for the low back to date. There is documentation that the patient has had some functional improvement with the previous therapy. Patient has not reached the maximum allowable number of visits supported by the MTUS. I am reversing the previous utilization review decision. Physical Therapy x12 for the low back is medically necessary.