

Case Number:	CM15-0065645		
Date Assigned:	04/13/2015	Date of Injury:	03/27/2012
Decision Date:	05/28/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/07/2015

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: Emergency 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 61-year-old female who sustained an industrial injury on 3/27/12. The injured worker reported symptoms in the back. The injured worker was diagnosed as having cervical spine sprain/strain and lumbar spine sprain/strain with radiculopathy. Treatments to date have included physical therapy and home therapeutic exercises. Currently, the injured worker complains of pain in the back. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1x4 for the neck and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 58-59 of 127.

Decision rationale: The MTUS guidelines make specific recommendations regarding physical therapy for back pain. A trial of 6 visits over 2 weeks is indicated. If there is functional

improvement seen, 18 visits could be given over 6-8 weeks. Elective or maintenance care is not indicated. The patient has already undergone a course of physical therapy. There is inadequate documentation to support functional objective improvement seen from her previous treatment to warrant another course, with the records stating only 5% improvement seen. Further, it is advised that passive manipulation be replaced by self-directed active at home therapy, such as independent strengthening, which is associated with better clinical outcomes. Therefore, the request is not medically necessary.