

Case Number:	CM13-0017672		
Date Assigned:	03/12/2014	Date of Injury:	05/20/2000
Decision Date:	04/15/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/28/2013

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 Orthopedic Surgery, 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 applicant is a represented employee of [REDACTED] and has filed a claim for low back pain reportedly associated with an industrial injury that occurred on May 20, 2000. Thus far, the applicant has been treated with the following: physical therapy and Ultram 50 mg up to 6.5 tablets daily. In the utilization review report, dated August 12, 2013, the claims administrator denied 8 physical therapy visits for the lumbar spine. The reviewer noted that an adequate amount of physical therapy had previously been completed for this chronic condition. In the PR-2 report dated April 29, 2013, the applicant is noted to have tenderness to palpation about the posterior superior iliac spine bilaterally. A prescription for Ultram 50 mg 200 tablets with 6 refills and 12 physical therapy visits were prescribed. A diagnosis of multiple ligament sprain of the lumbar spine with radiculopathy was made. Subsequent physical therapy documents indicate that a total number of 15 visits were completed between June 21, 2013 and August 15, 2013. The final visit note indicates that the applicant continues to have 7/10 pain consistently and still has diffuse tenderness and atrophy of the lumbar paraspinal musculature.

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 FOR TREATMENT OF THE LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on pages 98-99 of the MTUS Chronic Pain Guidelines, physical therapy is indicated for chronic pain. However, the MTUS Chronic Pain Guidelines note that both myalgia and radiculitis have a recommended 10 visit maximum, and the Guidelines allow for fading of treatment frequency plus an active self-directed home exercise program. The physical therapy documentation provided indicated that the applicant had some improvement in pain, but overall function did not appear to significantly improve. As such, in concordance with the MTUS Chronic Pain Guidelines, additional physical therapy is not medically necessary and appropriate.