

Case Number:	CM13-0019434		
Date Assigned:	10/11/2013	Date of Injury:	04/11/2013
Decision Date:	01/09/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, has a subspecialty in interventional spinal medicine, 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 physician 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.

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 patient is a 36-year-old with a date of injury of 04/11/2013. Patient sustained lower back injuries from a motor vehicle accident where he was the restrained driver and was hit from the back. Patient has been seen by [REDACTED] with diagnosis of thoracic and lumbar spine strain. X-ray of lumbar dated 04/11/2013 showed normal alignment of the lumbar spine. No acute fracture or subluxation and no disc space narrowing. MRI dated 07/05/2013 does not demonstrate any areas of significant neurologic compression. Recent EMG/NCV (electromyogram/nerve conduction velocity test), dated 09/30/2013, showed within normal limits. According to medical records documented by [REDACTED], dated 08/08/2013, patient has already completed a total of 15 physical therapy sessions. [REDACTED] progress report dated 07/16/2012 notes patient continues to be symptomatic with low back pain. However, MRI scan does not adequately explain patient's symptoms. He recommends transfer of care to physical medicine specialist. On 07/29/2013, he requested authorization for additional 9 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 additional physical therapy visits for the lumbar spine, two to three times per week for three weeks: 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 Chronic Pain Medical Treatment Guidelines Page(s): 98 - 99..

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, an allowance for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine is recommended. The medical records indicate that the patient has already had 15 physical therapy sessions. The patient has a diagnosis of lumbar strain/sprain with normal X-rays, MRI and EMG/NCV studies. For strains and sprains, which are synonymous with myalgia/myositis, MTUS guidelines allow 9-10 physical therapy visits with fading of treatments. For unspecified radiculitis, neuritis type of symptoms, 9-10 visits are allowed as well. The treater has asked for 9 additional sessions, but has also asked for a Physical Medicine Rehabilitation specialty consultation. There is a lack of progress from the 15 sessions of therapy already rendered and the treater does not provide any specific reasons for continuing therapy, other than for subjective pain. Recommendation is for the denial of the requested additional 9 sessions given that the patient has already exceeded what is allowed by Chronic Pain Medical Treatment Guidelines for the given diagnosis. The request for nine additional physical therapy visits for the lumbar spine, two to three times per week for three weeks, is not medically necessary or appropriate.