

Case Number:	CM13-0032989		
Date Assigned:	12/06/2013	Date of Injury:	06/04/2004
Decision Date:	04/01/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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. 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 patient is a 45-year-old female with date of injury on 06/04/2004. The progress report dated 08/16/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, (2) Sprains and strains of lumbar region. The patient complains of back and left hip pain, which has been recently flared up and has not calmed down. The patient has been frustrated as request for physical therapy continue to be denied. Exam findings include tenderness to palpation of the lumbar spine with limited range of motion and mild antalgic gait. She has positive bilateral straight leg raise. Six sessions of physical therapy were recommended. Utilization review dated 09/20/2013 issued non-certification of the requested physical therapy and reports the patient had previously undergone 20 sessions of physical therapy but did not provide when those dates were.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 3wks lumbar spine and left hip: Overturned

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

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

Decision rationale: The patient has been experiencing a significant flare-up of low back pain and left hip pain. The utilization review indicated the patient had previous physical therapy approximately 20 sessions. There were no physical therapy reports available for review. However, by reviewing the progress reports between 04/26 and 08/16, it appears the patient had not undergone any physical therapy and repeated requests were made due to flare-up of low back pain. There is a progress report dated 01/08/2013 that indicates the patient was currently finishing up a course of physical therapy and has reported good benefit and was definitely helpful to the patient. MTUS Guidelines page 98 and 99 regarding physical medicine recommend 8 to 10 sessions of physical therapy for diagnosis such as neuralgia, neuritis, and radiculitis, unspecified. The records appear to indicate the patient has not had any recent physical therapy and has reported good benefit with therapy in the past. Therefore, a short course of physical therapy would appear to be reasonable and supported by the guidelines as noted above. Therefore, authorization is recommended.