

Case Number:	CM13-0037965		
Date Assigned:	12/18/2013	Date of Injury:	07/02/2002
Decision Date:	02/18/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/24/2013

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 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. 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 employee is 56-year-old female who sustained a work-related injury on 7/2/02. On 9/17/13, the provider identified the employee's diagnoses as lumbar radiculitis, myofascial syndrome, chronic pain syndrome, prescription narcotic dependence, failed back syndrome, and chronic pain related depression. The employee's complaints were noted to include low back pain, bilateral leg pain, neck pain and headaches, with pain averaging 8/10 for the past week. The provider also noted that the employee had not received any physical therapy in the past 12 months and that her symptoms may be reduced by increasing her strength, particularly her core strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Course of 20 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: The guidelines recommend active physical therapy where "patients are instructed and expected to continue active therapies at home as an extension of the treatment

process in order to maintain improvement." In order to accomplish this goal, the guidelines recommends fading of therapy in support of an eventual transition to a home-based exercise program. The number of visits recommended for diagnoses that include neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. As such, the request for 20 physical therapy visits exceeds guideline recommendations. Therefore, the requested course of 20 physical therapy sessions is not medically necessary and appropriate.