

Case Number:	CM13-0047859		
Date Assigned:	12/27/2013	Date of Injury:	07/12/1993
Decision Date:	06/19/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/04/2013

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 patient is a 53-year-old gentleman who injured his low back in a work-related accident on July 12, 1993. The clinical records provided for review include a primary treating physician's progress report (PR2) dated September 18, 2013 noting ongoing complaints of low back pain with spasm and radiating leg pain. Physical examination findings on that date identified restricted range of motion with no instability or acute neurologic findings. The claimant was diagnosed with sciatica. Previous imaging including radiographs and MRI scan documented evidence of degenerative disc findings, protrusion, and foraminal stenosis. Conservative care is noted to include physical therapy, medication management, activity restrictions, as well as previous injection therapy. There is a current request for eighteen additional sessions of physical therapy for the claimant's lumbar-related complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, eighteen sessions of physical therapy would not be indicated. While the Chronic Pain Guidelines recommend the use of physical therapy in a chronic setting, it does so for up to 9-10 sessions for a diagnosis of myalgias or myositis. The specific request for eighteen sessions of therapy in the chronic setting would exceed the Chronic Pain Guidelines and cannot be recommended as medically necessary. There is no documentation within the records provided for review to indicate that this claimant's condition would be an exception to the standard guideline criteria. Therefore the request is not medically necessary.