

Case Number:	CM13-0052058		
Date Assigned:	12/27/2013	Date of Injury:	11/06/2012
Decision Date:	10/16/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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 54-year-old male who reported an injury on 11/06/2012. The patient's diagnoses include thoracic/lumbosacral neuritis/radiculitis and lumbago. A Work Status Report dated 12/04/2013 indicated that the patient had an orthopedic follow-up visit on 10/23/2013 during which his treatment plan was noted to include modified work and physical therapy 3 times a week for 4 weeks. The Report also indicates that the patient has had physical therapy visits previously. However, details regarding the patient's previous treatment were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 (right low back): Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, physical therapy may be recommended in the treatment of unspecified neuralgia, neuritis, and radiculitis at 8 to 10 visits over 4 weeks. The clinical information submitted for review failed to provide documented evidence of current measurable objective functional deficits to warrant physical therapy

treatment. Further, details regarding the patient's previous physical therapy treatment, including number of visits, duration, and objective functional gains made were also not provided. In the absence of this information, the request for physical therapy 3x4 (right low back) is not medically necessary.