

Case Number:	CM13-0055374		
Date Assigned:	06/13/2014	Date of Injury:	08/03/2012
Decision Date:	11/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/19/2013

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 Family 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 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 42 year old female claimant sustained a work injury on 8/3/12 involving the low back. She was diagnosed with chronic lumbar pain. She had received oral analgesics and epidural steroid injections. A progress note on 9/18/13 indicated the claimant had paraspinal muscle spasms. The treating physician requested 18 sessions of physical therapy and continuation of oral analgesics and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X6 WEEKS FOR THE LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Disorders

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits

over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS); 24 visits over 16 weeks. In this case, the claimant did not have RSD. The maximum recommended amount of therapy is up to 10 visits per the guidelines. There was no indication that the claimant could not have completed a home based exercise program. Based on the above, the 18 visits of therapy request is not medical necessary.