

Case Number:	CM13-0055460		
Date Assigned:	04/11/2014	Date of Injury:	07/01/2013
Decision Date:	05/09/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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, has a subspecialty in Interventional Spine 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 56-year-old female with date of injury of 7/1/13. Based on the 9/5/13 report by [REDACTED], diagnosis was lumbar spine sprain/strain. MRI of the lumbar spine done 9/13/13 indicates 2-3mm disc at L4-5 with mild impingement of the L4 nerves, and mild disc protrusion at L3-4. The utilization review determination being challenged is dated 11/7/13 and recommends denial of the additional physical therapy. Reports have been provided dating from 1/3/13 to 11/7/13. Provided physical therapy reports dating from 7/11/13 to 10/17/13 are illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY THREE TIMES A WEEK FOR TWO WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Regarding medical treatments, MTUS guidelines page 8 indicates "The physician should periodically review the course of treatment of the patient and any new

information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." This request for additional therapy is not accompanied with treatment history, additional goals to be achieved. MTUS guidelines recommend 9-10 sessions of therapy for myalgia, myositis type of conditions that this patient suffers from. The request for additional physical therapy three times a week for two weeks for the lumbar spine is not medically necessary and appropriate.