

Case Number:	CM13-0066259		
Date Assigned:	01/03/2014	Date of Injury:	07/31/2007
Decision Date:	05/23/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/16/2013

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 58-year-old with an injury date on 7/31/07. Based on the 11/13/13 progress report provided by the provider, the patient's diagnoses include: disc herniation without myelopathy, lumbar spine, lumbago, leg swelling, and status post back surgery. No previous therapy reports were provided. No MRI (magnetic resonance imaging) was provided. The provider is requesting outpatient physical therapy 2x3 for the patient's back. The utilization review and determination being challenged is dated 11/21/13 and recommends denial of the physical therapy. The provider is the requesting provider, and he provided treatment reports from 10/3/12 to 11/13/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY TWICE A WEEK FOR THREE WEEKS FOR THE BACK: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the 12/5/12 progress report by the provider, this patient presents with lower back pain that makes sleep difficult and remains constant, increasing during cold weather and elevated physical activity. The request is for physical therapy 6 sessions. Review of the reports show that on 11/7/12, patient rated back pain at 2/10. On 8/7/13, patient rated back pain at 3/10. On 11/13/13, patient reported recent muscle spasms in his lower back, rating pain level at 3/10. There are no therapy reports to show whether or not the patient has had a recent therapy. The MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating provider has asked for 6 sessions of outpatient physical therapy for the patient's on-going symptoms. The request is in accordance with the MTUS guidelines. The recommendation is for authorization.