

Case Number:	CM13-0069589		
Date Assigned:	01/03/2014	Date of Injury:	12/08/2010
Decision Date:	05/23/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 36 year old male who reported an injury on 12/08/2010; the mechanism of injury was a lifting injury. Per the clinical note dated 12/04/2013 the injured worker reported low back pain rated 5/10. Per the clinical note dated 09/02/2013, the injured worker had a lumbar epidural steroid injection to the L2-L4 on 01/05/2011, additionally; he underwent a sigmoidectomy due to diverticulitis on 07/10/2012 resulting in a colostomy which was reversed on 10/05/2012. The injured worker had bilateral positive leg raises, lower extremity strength of 5+, and bilateral reflexes to the patella of 2+. The injured worker's medication regimen included Duexis and Percocet for pain as needed. The injured worker's diagnosis was 724.5 low back pains. The date of request for IMR was 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LOW BACK, TWELVE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 98-99.

Decision rationale: The California MTUS guidelines recommend allowing for fading of treatment frequency, from up to 3 visits per week to 1 or less. The guidelines recommend injured workers should participate in an active self-directed home Physical Medicine program. The guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis, unspecified and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified. The injured worker previously attended 7 physical therapy visits prior to his colostomy on 07/10/2012 and returned for further treatment of his back pain after the colostomy was reversed on 10/05/2012 due to increased pain and stiffness. The request for 12 visits exceeds the total number of recommended visits for initial treatment, which is one half of total treatments, and the recommendation for the total number of sessions. The requesting physician did not include an adequate and complete assessment of the injured workers range of motion and it did not appear the injured worker had significant strength deficits. Additionally, the efficacy of the prior therapy was not demonstrated within the provided documentation. Therefore the request for 12 sessions of physical therapy is not medically necessary.