

Case Number:	CM14-0006284		
Date Assigned:	03/03/2014	Date of Injury:	12/25/1981
Decision Date:	06/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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:

This patient is a 70-year-old male with date of injury of 12/25/1981. The listed diagnoses per [REDACTED] dated 11/27/2013 are: 1. Lumbosacral spondylosis without myelopathy. 2. Thoracic or lumbosacral neuritis or radiculitis, unspecified. 3. Other symptoms referable to the back. 4. Disorders of the sacrum. 5. Osteoarthritis of the lumbar spine with bilateral radicular pain. 6. Combination with facet arthrosis and instability. According to the handwritten progress report, the patient complains of severe spasms and ache in his back worse with prolonged walking. The objective findings show there is no acute neurological changes. Straight leg raise is positive. There is tenderness and spasms in the lumbar spine with 60% range of motion. The Utilization Review denied the request on 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Recommended as indicated below. Passive therapy (those treatment modalitie

Decision rationale: This patient presents with back pain. The treating physician is requesting 18 physical therapy sessions. The Chronic Pain Medical Treatment Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The physical therapy report dated 07/02/2013 documents "the patient presenting with improvement in left quad muscle length. The patient's progress has been affected by 1- to 2-week break during therapy due to a family health issue. He has demonstrated an improvement in core stability and is able to perform numerous stabilization activity." Upon review of the records, 6 physical therapy sessions were noted, namely, 05/30/2013, 06/04/2013, 06/25/2013, 06/28/2013, 07/02/2013, and 1 physical therapy report with an unknown date. In this case, the requested 18 sessions combined with the previous 6 would exceed Chronic Pain Medical Treatment Guidelines recommendations. Therefore the request is not medically necessary.