MAXIMUS Federal Services

Case Number:	CM14-0008663		
Date Assigned:	02/12/2014	Date of Injury:	09/03/2013
Decision Date:	06/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/22/2014

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 & Rehabilitation 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 54 year old female who was injured on 9/3/13 when she was lifting a 30 pound box. She has been diagnosed with a lumbar disc herniation. On 11/25/13, [redacted] noted the patient attended PT and was about 70% better. Her current pain was 3/10 with some radiating pain down the left leg. [redacted] recommended continued PT. On 12/24/13 UR recommended against PT 2x/week for the lumbar spine with evaluation; and yoga, unlisted duration or frequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine Page(s): 98-99 OF 127.

Decision rationale: According to the medical records provided for review, the patient already had a PT evalution on 10/22/13, and the patient's physical therapist requested 12 sessions. By 11/20/13 the patient was reported to have completed 10 sessions of PT. The MTUS Chronic Pain

Guidelines state that 8-10 sessions of PT are appropriate for various myalgias and neuralgias. The patient has already completed 10 sessions of PT and a PT evaluation, so an additional PT evaluation exceeds the MTUS Chronic Pain Guidelines' recommendations. The request is not medically necessary and appropriate.

PHYSICAL THERAPY, TWICE WEEKLY, LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 7,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 98-99 OF 127.

Decision rationale: By 11/20/13 the patient was reported to have completed 10 sessions of PT. The MTUS Chronic Pain Guidelines state that 8-10 sessions of PT are appropriate for various myalgias and neuralgias. The patient has already completed 10 sessions of PT, so any additional PT would exceed the MTUS Chronic Pain Guidelines' recommendations. The request is not medically necessary and appropriate.

YOGA, UNSPECIFIED FREQUENCY AND DURATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EXERCISE, 46-47

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126.

Decision rationale: The MTUS Chronic Pain Guidelines for Yoga states this is an option only for select, highly motivated patients. The 10/17/13 and 11/25/13 reports did not mention the patient being highly motivated towards yoga. The request is not in accordance with MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.