

Case Number:	CM14-0100449		
Date Assigned:	07/30/2014	Date of Injury:	01/07/2002
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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, 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 injured worker is a 64-year-old male who reported an unknown injury on 01/07/2002. On 06/17/2014 he was diagnosed with; chronic low back pain due to degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder with psychological general medical condition, and persistent insomnia due to chronic pain. His medications include MS Contin 15 mg, Norco 10/325 mg, Cymbalta 30 mg, and testosterone 200 mg per mL. It was also noted that he had partial pain relief with the current analgesic medications and that his current analgesic medications helped him maximize his level of physical function and improve his quality of life. The notes on 06/17/2014 state he had completed six treatments of physical therapy in 04/2014. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Physical Therapy Lumbar is not medically necessary. Active therapy is indicated for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are expected to continue active therapies at home. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. There is no documentation of the previous physical therapy treatments, including length of time, modalities, functional advances, or decrease in pain. Additionally, the request does not specify a number of visits. Therefore, this request for Physical Therapy Lumbar is not medically necessary.