

Case Number:	CM14-0010385		
Date Assigned:	02/21/2014	Date of Injury:	09/09/2012
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/24/2014

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 Internal Medicine 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 an injured worker with a diagnosis of lumbar sprain with a date of injury of 09-09-2012. Primary treating physician's comprehensive orthopedic evaluation 08/16/13 was provided by [REDACTED]: Patient claimed a specific injury on September 9, 2012, involving her right hip, buttocks and low back. She slipped on either rice pudding or oatmeal. She had stepped forward with her right foot, but then she fell and landed on the right side of her body, buttock and right hip. She felt immediate pain in the low back, right hip and buttock. She was examined by [REDACTED] and referred for physical therapy. She received about 12 sessions of physical therapy, which caused more pain. She requested an MRI, but she got pregnant. Diagnosis was lower back pain. MRI of the lumbar spine 08-28-2013 reported normal study. PR-2 progress report dated 02-18-2014 documented subjective complaint of low back pain, objective findings "tender", diagnosis right lumbar radiculitis, treatment plan PT and Ibuprofen. Utilization review of Physical Therapy(PT)request was performed on 01-17-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 8 WEEKS FOR THE LOW BACK:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Physical Therapy (PT), Low Back Disorders.

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

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) for Physical Medicine and Physical Therapy (PT) recommends 9-10 visits for myalgia and myositis and 8-10 visits for neuralgia, neuritis, and radiculitis. Medical records documented that the patient had completed 12 visits of physical therapy. MRI of the lumbar spine 08-28-2013 was normal. Primary treating physician's comprehensive orthopedic evaluation 08-16-2013 reported that the patient received 12 sessions of physical therapy, which caused more pain. The request for additional physical therapy visits would exceed MTUS guideline recommendations. Therefore, the request for physical therapy 2 times a week for 8 weeks for the low back is not medically necessary.