

Case Number:	CM14-0010387		
Date Assigned:	02/21/2014	Date of Injury:	02/08/2013
Decision Date:	07/14/2014	UR Denial Date:	01/20/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 35-year-old male who reported an injury on 02/08/2013. The mechanism of injury involved repetitive lifting. The current diagnosis is lumbosacral sprain/strain with radiculitis. The injured worker was evaluated on 01/10/2014. The injured worker reported moderate and frequent lumbosacral pain. Physical examination revealed diminished range of motion of the lumbar spine. The treatment recommendations at that time included a consultation with pain management, a consultation with a spine surgeon, and physical therapy 2 to 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO(2) TO THREE (3) TIMES A WEEK FOR SIX (6) WEEKS - LUMBOSACRAL: Upheld

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

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. The treatment for neuritis, neuralgia, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for physical therapy 2 to 3 times per week for 6 weeks exceeds the MTUS guidelines recommendations. It is also noted, the injured worker has been previously treated with 22 sessions of physical therapy to date. There was no documentation of objective functional improvement following an initial course of physical therapy that would warrant the need for ongoing treatment. Based on the clinical information received, the request is non-certified.