

Case Number:	CM14-0017505		
Date Assigned:	04/14/2014	Date of Injury:	04/04/2012
Decision Date:	06/02/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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 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:

The patient reported an injury date of 4/4/12. Per 12/13/13, the patient suffers from pain in the cervical spine, neck, lumbar spine radiating to the buttocks, and numbness and tingling in the left leg. The listed diagnosis is musculoligamentous sprain, lumbar spine. Examination was unremarkable and MRI from 7/10/13 was normal. On 9/11/13, there is a treatment request for 12 sessions of therapy. The patient was experiencing persistent low back pain with insomnia. The utilization review and determination being challenged is dated 1/23/14 and recommends denial of the physical therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 7/5/13 to 12/13/13.

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 Page(s): 98-99.

Decision rationale: The patient presents with pain in the cervical spine, neck, lumbar spine and left leg. The request is for 12 sessions of physical therapy for the patient's lumbar per 12/13/13 report. Review of the reports show that for therapy history, the patient had 8 sessions per 9/11/13 report by [REDACTED]. Regarding physical therapy, MTUS guidelines allow 9-10 sessions for myalgia/myositis, the type of condition this patient is suffering from. In this patient, the reports show that the patient had 8 sessions of therapy in September 2013, with request for 12 additional sessions in December 2013. The current request exceeds what is allowed by the MTUS for this type of condition. The physician does not explain why additional therapy is needed at this time. There are no new injuries, neurologic/functional deterioration or change in diagnosis to warrant a new round of physical therapy. Therefore, the request for physical therapy - lumbar is not medically necessary and appropriate.