

Case Number:	CM14-0017798		
Date Assigned:	04/16/2014	Date of Injury:	09/27/2012
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/12/2014

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:

This patient is a 23-year-old male with date of injury of 09/27/2012. Per treating physicians report 01/16/2014, the patient presents with low back injury, "He feels like he is doing better." Medications are pretty effective, and the patient is working light duties, certainly making some progress. Diagnostic impressions are: 1. Clinical lumbar strain/sprain with radiculopathy of the left lower extremity. 2. History of broad-based disk protrusion of the lumbar spine. The treatment discusses diclofenac, tramadol, and urine toxicology was obtained. A 02/13/2014 report by the treating physician states that patient started acupuncture, feeling a little bit better, but still has low back pain. Treatment recommendation was for topical cream. No discussion regarding physical therapy. Next report is from 11/05/2013 by treating physician and this report is by a chiropractic physician who listed diagnosis of lumbar spine discopathy, lumbar spine facet syndrome. For future medical care, treatments for flare-ups, possible injections, future studies, regarding spine, up to 24 additional diagnostic studies and orthopedic specialist's evaluation. The request for additional physical therapy 6 sessions was denied by utilization review letter dated 01/29/2014. The rationale was that the patient has already had 49 physical therapy sessions through 09/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE 2 TIMES A WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with persistent low back pain. The request is for additional 6 sessions of physical therapy. It would appear based on utilization review letter 01/29/2014 that this patient has had some 49 sessions of physical therapy through 09/18/2013. Review of the progress reports showed that this patient likely had chiropractic treatments as well as acupuncture treatments. Patient continues to be symptomatic but is working modified duty and one of the reports indicates that the patient is doing fairly well. Patient is taking some tramadol and some anti-inflammatory medications. MTUS Guidelines allow 8 to 10 sessions of physical therapy for myalgia, myositis, and the type of condition that this patient suffers from. In this case, it would appear that the patient has had more than plenty of physical therapy thus far. The patient is functioning at a fairly high level, having returned to modified work. Unfortunately, the report containing the request and the rationale is not included in this file for review. I am not able to directly ascertain the exact reason why this physician has asked for additional physical therapy. However, based on the reports reviewed, it would appear that the patient should be able to perform the necessary home exercises to continue and improve function and maintain the ability to work. Therefore, the request for 6 additional physical therapy sessions for the lumbar spine 2 times a week for 3 weeks is not medically necessary.