

Case Number:	CM14-0112054		
Date Assigned:	08/01/2014	Date of Injury:	03/17/2000
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/18/2014

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 and Oklahoma. 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 61-year-old male who reported an injury on 03/17/2000 from heavy lifting. The injured worker's treatment history included medication, MRI, physical therapy, and pain management evaluation. The injured worker was evaluated on 05/23/2014 and it was documented that the injured worker had slight increase in pain. The provider noted the injured worker was taking gabapentin 500 mg and ibuprofen, and it was time to begin his physical therapy. Medications included amitriptyline HCl 25 mg, gabapentin 600 mg, ibuprofen 400 mg, Wellbutrin SR 150 mg, tramadol 50 mg, and lisinopril 10 mg. Diagnoses included depressive disorder not elsewhere classified, and postlaminectomy syndrome, lumbar region. The request for authorization dated 06/13/2014 was for physical therapy however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) Physical Therapy sessions for the lumbar spine, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked outcome measurements of prior physical therapy sessions and home exercise regimen. In addition, long-term functional goals were not provided for the injured worker. The request failed to indicate where physical therapy is required for the injured worker. Given the above, the request for 10 Physical Therapy sessions for the Lumbar Spine as an outpatient is not medically necessary.