

Case Number:	CM14-0114152		
Date Assigned:	09/22/2014	Date of Injury:	04/07/2000
Decision Date:	10/21/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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 and Pain Management, 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 is a 70 year old male with an injury date on 04/07/2000. Based on the 05/28/2014 progress report provided by [REDACTED], the patient complains of low back pain. The patient had a positive straight leg raise. There was no list of diagnoses provided. [REDACTED] is requesting for 12 physical therapy visits for the lumbar spine. The utilization review determination being challenged is dated 06/26/2014. [REDACTED] is the requesting provider, and provided treatment reports from 12/09/2013 to 08/20/2014. Reports provided are hand-written and brief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy visits for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation (ODG) Official Disability Guide Low Back Procedure

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

Decision rationale: According to the 05/28/2014 report by [REDACTED], this patient presents with low back pain. The treater is requesting 12 physical therapy visits for the lumbar spine. The Utilization review from 6/24/14 references prior lumbar surgery from 2003 and 4 sessions of therapy from 6/9/14 performed at [REDACTED]. Review of the reports show no other reference to recent therapy treatments. The treater does not explain the reason for requested therapy. There is no discussion of home exercise, new injury, and decline in function or change in clinical presentation. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended over 4 weeks. In this case, the patient recent had 4 sessions. There does not appear to be a good reason to continue therapy. Current request for 12 sessions exceeds what is allowed for non-post-op low back condition. Therefore, the request for twelve (12) Physical Therapy visits for lumbar spine is not medically necessary and appropriate.