

Case Number:	CM14-0154308		
Date Assigned:	09/23/2014	Date of Injury:	02/17/2014
Decision Date:	11/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 is a 51-year-old female with a date of injury of 02/17/2014. The listed diagnosis includes "function - limiting low back pain." According to progress report, 07/28/2014, the patient continues with severe low back pain and reports difficult time coping with her pain. Examination revealed severe muscle guarding and tenderness in the lumbar musculature. There is lumbar facet tenderness and positive piriformis noted. There is positive straight leg raise with moderate decreased range of motion. Under treatment plan, it states "Authorization request is placed for chiropractic visits 12 sessions for the lumbar spine." Utilization review states that this is a request for physical therapy 2 times a week for 6 weeks. Utilization review denied the request on 08/26/2014. Treatment reports from 04/17/2014 through 08/18/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week times 6 weeks (12 total): 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 Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with severe low back pain. The treating physician's report dated 07/28/2014, requested chiropractic treatment 2 times a week for 6 weeks. The utilization review from 08/26/2014, states that this is a request for physical therapy 2 times a week for 6 weeks. The MTUS Guidelines pages 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. For manual therapy, the MTUS recommends and optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. Review of the medical file indicates that the patient has participated in 18 physical therapy sessions thus far. Physical therapy treatment report from 06/23/2014 notes the patient has tenderness in the low back area, and the recommendation was for patient to continue therapy. In this case, the patient has participated in 18 physical therapy sessions and the requested 12 additional sessions exceeds what is recommended by MTUS. There is no rationale provided to indicate why the patient is unable to transition into a home exercise program. Therefore, this request is not medically necessary.