

Case Number:	CM14-0157705		
Date Assigned:	10/01/2014	Date of Injury:	09/15/2010
Decision Date:	10/30/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/25/2014

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 and 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 54-year-old female with an injury date of 09/15/2010. According to the 09/05/2014 progress report, the patient complains of having lower back pain. The patient also has had a cough which has mucus production and some flakes of blood. She had recurrent staph infections as well as bronchitis. The 09/03/2014 states that the patient has positive paraspinal tenderness to percussion. The patient's diagnoses include the following: 1. Multilevel disk protrusions, lumbar spine, per MRI. 2. Lumbar spine radiculopathy. 3. Facet arthropathy, lumbar spine. 4. Degenerative disk disease, lumbar spine. 5. Depression. The 08/29/2012 MRI of the lumbar spine revealed varying degrees of abnormal changes at all of the lumbar and lumbosacral intervertebral spaces. On 07/18/2013, the patient had an epidural steroid injection transforaminal on right L4, L5 and on 04/11/14, the patient had an epidural steroid injection transforaminal on right at L4, L5 as well as left L5. The utilization review determination being challenged is dated 09/19/2014. Treatment reports were provided from 02/07/2013 - 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for three weeks for the lower back, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 173-174, 203-204, 234-235, 264-265, Chronic Pain Treatment Guidelines

Pain Interventions and Treatments. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines myalgia and myositis Page(s): 98 99.

Decision rationale: Based on the 09/05/2014 progress report, the patient complains of having lower back pain. The request is for physical therapy 2 times a week for 3 weeks for the lower back. California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 98, 99 state that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended over 4 weeks. The utilization review letter states that "The patient had 12 physical therapy visits authorized in January and 2 more after her epidural injection." In this case, the patient has already exceeded the limit California MTUS has on physical therapy. An additional 6 sessions would continue to exceed what is allowed by California MTUS. Treatment is not medically necessary and appropriate.