

Case Number:	CM14-0158102		
Date Assigned:	10/01/2014	Date of Injury:	10/25/1999
Decision Date:	11/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/26/2014

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 claimant is a 48-year-old male with an injury date of 10/25/99. The 07/30/14 progress report states that the patient presents with constant sharp lower back pain radiating into the lower extremities. Pain is worsening and is rated at 8/10. Examination of the lumbar spine shows palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. The patient's diagnosis is lumbar disc displacement. The utilization review being challenged is dated 08/19/14. Reports were provided from 04/16/14 to 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar and Thoracic (Acute and Chronic), Physical Therapy Guidelines

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

Decision rationale: The patient presents with worsening lower back pain radiating into the lower extremities, rated 8/10. The treater requests physical therapy 2 times a week for 6 weeks,

lumbar. The reports provided do not document prior surgery for this patient and do not indicate that treatment is within a post-surgical treatment period. Non-post-surgical MTUS guidelines (Chronic Pain), pages 98-99, state that for myalgia and myositis 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis and radiculitis, 8-10 visits are recommended. The 08/08/14 treatment plan requests 2x6 weeks physical therapy for the lumbar spine. The requesting provider states, "The course, scope, frequency and duration of treatment will be determined via correspondence between the therapist and myself. The overall outcome will depend on the patient's response to therapy." The 04/14/14 treatment plan shows physical therapy 2x7 + acupuncture for flare-up. No therapy treatment reports were provided. It is unknown if the patient received any prior physical therapy. The reports provided indicate the treater is concerned about flare-ups and worsening pain in the patient's lumbar spine. In this case, however, the 12 requested treatments exceed what is allowed by MTUS. The request is therefore not medically necessary.