

Case Number:	CM14-0174243		
Date Assigned:	10/24/2014	Date of Injury:	08/18/2011
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 41-year-old female who has submitted a claim for lower back contusion associated with an industrial injury date of 8/18/2011. Medical records from 2014 were reviewed. Patient complained of dull low back pain associated with intermittent muscle spasm, rated 3/10 in severity. Patient denied paresthesia. Alleviating factors include rest, medications, ice application, and exercise. Physical examination of the lumbar spine showed muscle spasm and tenderness. Range of motion was within normal limits. Gait was normal. Reflexes, motor strength, and sensory exams were intact. Treatment to date has included 18 sessions of physical therapy, chiropractic care, acupuncture, and medications. Utilization review from 10/3/2014 denied the request for physical therapy 3 x 2 because it was unclear why patient cannot perform self-directed exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis. In this case, patient has completed a course of 18 sessions of physical therapy. The most recent physical examination shows muscle spasm and tenderness of the lumbar spine. Range of motion, gait, reflexes, motor strength, and sensory exams are unremarkable. It is unclear why patient cannot transition into a self-directed home exercise to address residual deficits. Moreover, there are no recent reports of acute exacerbation and progression of symptoms that would warrant additional course of treatment. Therefore, the request for physical therapy 3 x 2 is not medically necessary.