

Case Number:	CM14-0179311		
Date Assigned:	11/03/2014	Date of Injury:	03/02/2011
Decision Date:	12/09/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/28/2014

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 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 56 year old injured worker with an injury date on 3/2/11. The patient complains of increased cervical and mid-lumbar pain, per 6/6/14 report. An epidural steroid injection (levels unspecified) was beneficial for 3-4 months of 60% improvement per 6/6/14 report. Based on the 6/6/14 progress report provided by [REDACTED] the diagnoses are: C-spine s/s degenerative disc disease uncovertebral hypertrophy / facet; degeneration / NF stenosis C5-6; and thoracic s/s increased symptoms. Exam on 6/6/14 showed "limited range of motion of L-spine." The patient's treatment history includes epidural steroid injection, medications, and C-spine radiograph. [REDACTED] is requesting physical therapy 2 x 4 to the lumbar spine. The utilization review determination being challenged is dated 10/28/14 and modifies to a trial of 4 sessions due to lack of documentation of specific goals. [REDACTED] is the requesting provider, and he provided a single treatment report from 6/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 to the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98-99.

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

Decision rationale: This patient presents with neck pain and mid-back pain. The treating physician has asked for physical therapy 2 x 4 to the lumbar spine on 6/6/14. It is not known if patient had prior physical therapy, as treatment history of the single included report is limited. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treating physician does not indicate any rationale or goals for the requested 8 sessions of therapy. Considering the patient has not had recent physical therapy, and due to recent flare-up of lumbar pain, the requested 8 sessions is reasonable. Therefore, this request is medically necessary.