

Case Number:	CM14-0185260		
Date Assigned:	11/13/2014	Date of Injury:	04/19/2007
Decision Date:	12/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 Pain Management 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 male with an injury date of 04/17/07. Based on the 09/22/14 progress report, the patient complains of low back pain rated as 7 out 10. The pain is aching, sharp, and shooting and it radiates to the left thigh, left leg, and left foot. The range of motion on lumbar spine is restricted with flexion that limited to 60 degrees with pain. The extension is limited to 10 degrees with pain. On palpation, paravertebral muscles, spasm and tenderness is noted on both sides. Lumbar facet loading is positive on both sides and straight leg raising test is positive on the left side at 90 degrees and in sitting position. The light touch sensation is decreased over medial calf and lateral calf on the left side. The diagnoses are 1. Lumbar or Lumbosacral Disc Degeneration 2. Brachial Neuritis or Radiculitis Not Otherwise Specified 3. Sleep Disturbance Not Otherwise Specified 08/20/14 report, the patient completed the 2 weeks Initial Trial (60 hours) of the functional restoration program. The treating physician is requesting for 8 session of physical therapy for the back. The utilization review determination being challenged is dated 10/07/14. The treating physician provided treatment reports from 07/14/14-11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the back x 8 sessions: 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: This patient presents with low back pain. The request is for 8 sessions of physical therapy for the back. On 08/20/14 report, this patient has completed 2 weeks (60 hours) of the functional restoration program with "good benefit" in general, but the patient reported an acute flare-up while participating in physical therapy. On 09/22/14 progress report, the treating physician states "physical therapy for his lumbar in order to improve his functional abilities and decrease pain." MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines page 98,99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient recently completed a full course of functional restoration program. The provider is requesting additional therapy to address a flare-up, but does not explain why a formalized therapy is required. The patient should have learned the exercises and cognitive skills to be able to handle flare-up's. Additional 8 session of therapy far exceeds what is allowed by MTUS for the type of condition this patient presents with. Recommendation is for denial.