

Case Number:	CM14-0021546		
Date Assigned:	05/07/2014	Date of Injury:	01/03/2007
Decision Date:	07/14/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 55-year-old male with a date of injury of 01/03/2007. The listed diagnosis per [REDACTED] is lumbar spine sprain/strain. According to 01/22/2014 progress report by [REDACTED], the patient presents with complaints of lumbar spine pain. The pain is described as frequent, sharp lower back pain aggravated by sitting, bending, and sleeping. Examination revealed mild decreased range of motion. This report is handwritten and partially illegible. The treatment plan includes "new request RFA, physical therapy at 2 times per week for 4 weeks to increase ROM and flexibility." Utilization Review denied the request on 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBER SPINE QUANTITY: EIGHT SESSIONS:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: This patient presents with low back pain. The treating physician is requesting eight physical therapy sessions. The Utilization Review from 02/13/2014 indicates that the patient "had 9 to 10 sessions of therapy over the last 7 years." Provided in the medical file are progress reports from 08/27/2013, 10/09/2013, and 01/22/2014. None of these progress reports provide any indication that the patient had recent physical therapy. For physical medicine, the California Medical Treatment Utilization Schedule (MTUS) Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. In this case, initial report from 08/27/2013 indicates that the patient is currently having a "flareup of his continued back pain." This patient has not had any formalized therapy in some time. It is unclear as to when prior physical therapy treatments were received. However, given the recent flareup and lack of formalized physical therapy in the recent past, a short course of 8 sessions may be warranted. Physical Therapy for the lumbar spine quantity 8 is medically necessary and appropriate.