

Case Number:	CM14-0023132		
Date Assigned:	05/14/2014	Date of Injury:	06/03/2013
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 44-year-old female with date of injury of 06/03/2013. The listed diagnoses per [REDACTED] dated 01/29/2014 are: 1. Back pain, lower. 2. Lumbago. According to the report, the patient complains of left hip pain that sometimes radiate down the leg. She rates the pain 9/10. She describes her pain as constant with prolonged standing and sitting, described as burning and pinching pain. The patient states that her current work restrictions are not working because she is not able to stand or sit for prolonged periods of time. The physical examination shows the patient is well developed, well nourished in no apparent distress. There is tenderness to palpation at the right gluteal area. There is also limited range of motion in the left hip. The patient is unable to internally or externally rotate the joint on passive movement. Sensation is intact. The utilization review denied the request on 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR 3 WEEKS (2X3) LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 8, 99.

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 treating physician is requesting 6 sessions of physical therapy for the lower back. The MTUS Guidelines on Physical Medicine page 98 and 99 recommends 8-10 visits for myalgia, myositis, and neuralgia type symptoms. The review of over 300 pages of records did not show any recent physical therapy reports to verify how many treatments and with what results were accomplished. The progress report dated 10/16/2013 by [REDACTED] documents that the patient has completed 12 sessions of physical therapy but has not returned to work due to pain. The MTUS page 8, on Pain Outcomes and Endpoints, states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." In this case, the patient has received 12 physical therapy sessions to date and does not show any significant functional improvement. Furthermore, the requested 6 additional therapy sessions combined with the previous 12 would exceed MTUS recommendations of 8 to 10 visits. Recommendation is for denial. The request is not medically necessary and appropriate.