

Case Number:	CM14-0023819		
Date Assigned:	06/11/2014	Date of Injury:	08/05/2010
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/25/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 49 year old male who reported an injury on August 5, 2010 due to unknown mechanism of injury. The injured worker was diagnosed with lumbosacral spondylosis, lumbar sprain and degenerative lumbar/LS disc. There is no indication the injured worker received pain medication for the management of pain, nor has he received any other form of conservative care beyond chiropractic care for his injury. The injured worker had 5/5 motor strength on physical examination. The injured worker's physician has a signed and dated request for authorization form for physical therapy for the low back twice a week for eight weeks. The physician feels the injured worker will respond favorably to this treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT) FOR THE LOW BACK, TWICE A WEEK FOR 8 WEEKS:
Upheld

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

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

Decision rationale: The injured worker has improved under conservative care enough to return to work. However, documentation detailing progress of therapy and pain management were not included in this request as a means to assess the injured worker's response to treatment. Further, under California MTUS physical therapy guidelines, treatment schedules should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. It should also allow for myalgia and myositis, 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The request exceeds the guideline recommendations for total duration of care. As such, the request for physical therapy for the low back twice a week for eight weeks is not medically necessary.