

Case Number:	CM14-0027391		
Date Assigned:	06/20/2014	Date of Injury:	11/04/1999
Decision Date:	08/04/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

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 60 year old female with an injury date of 11/04/99. Based on the 01/23/14 progress report provided by [REDACTED] the patient complains of cervical and lumbar spine pain. She also has weakness to her bilateral legs. The reports provided are vague and no further descriptions of the patient's pain can be provided. The patient's diagnoses include the following UNS thoracic/lumbar neuritis, and brachial neuritis/radiculitis. [REDACTED] is requesting for 12 (twelve) physical therapy sessions for the lumbar spine, as an outpatient. The utilization review determination being challenged is dated 02/20/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/11/13- 04/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 (TWELVE) PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the 01/23/14 report by [REDACTED], the patient presents with cervical spine pain, lumbar spine pain, and weakness in the patient's bilateral legs. The request is for 12 (twelve) physical therapy sessions for the lumbar spine, as an outpatient. MTUS guidelines pages 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, there is no documentation of any recent surgery or flare-ups. Nor is there any indication if the patient has had therapy in the past. The patient is now 14 years post- injury and a short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 12 sessions exceeds what is allowed per MTUS. Therefore, the request for 12 (twelve) physical therapy sessions for the lumbar spine, as an outpatient is not medically necessary and appropriate.