

Case Number:	CM14-0036210		
Date Assigned:	06/25/2014	Date of Injury:	10/08/2013
Decision Date:	08/08/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 30 year old male with an injury date on 10/08/2013. Based on a 02/28/2014 progress report provided by [REDACTED] the diagnoses are lumbar strain, rule out disc herniation. According to this report, the patient complains of chronic low back pain, right-sided that is made worse with prolonged sitting. Examination showed lumbar spine was decreased by 20% with flexion, full with extension, and decreased by 25% with rotation to the right. There were no other significant findings noted on this report. [REDACTED] is requesting 12 sessions of physical therapy for the lumbar spine. The utilization review denied the request on 03/07/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/25/2013 to 02/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the lumbar spine: 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: For physical medicine, the MTUS Guideline recommends, for myalgia and myositis type symptoms, 9-10 visits over 8 weeks. Review of the reports indicated the patient has had chiropractic treatment, physical therapy and medication and his pain has not improved. Time-frame for these treatments are not clear. The physician does not discuss the patient's treatment history and it is not known what additional therapy will accomplish at this juncture and why a home exercise would not be adequate. In this case, the requested 12 sessions exceed what is allowed by the MTUS guidelines. As such, the request is not medically necessary.