

Case Number:	CM14-0036362		
Date Assigned:	06/25/2014	Date of Injury:	08/11/2011
Decision Date:	07/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/25/2014

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 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 43 year-old with an injury date on 8/11/11. Based on the 10/25/13 progress report provided by [REDACTED] the diagnoses are: 1. arthralgia, shoulder 2. lower back pain 3. hypertension 4. lumbago Most recent physical exam on 2/3/13 showed subjective tenderness to palpation of lumbosacral musculature. Hypertonicity noted to both his right and left lumbar musculature. Reflexes remain symmetric to lower extremities. No physical examination of lumbar was found in reports. [REDACTED] is requesting 8 sessions of physical therapy (2) times a week for (4) weeks for lumbar spine. The utilization review determination being challenged is dated 3/12/14 and rejects request as patient is sedentary, a long-time user of Vicodin and Soma, and further physical therapy would not be useful. [REDACTED] is the requesting provider, and he provided treatment reports from 1/31/13 to 10/29/13 .

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy, (2) times a week for (4) weeks for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This patient presents with lower back pain and shoulder pain. The treater has asked 8 sessions of physical therapy (2) times a week for (4) weeks for lumbar spine but the request for authorization was not included in provided reports. Patient is undergoing physical therapy with a good response per 5/6/13 report. There is no evidence patient had more recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treater has not had therapy in the last 11 months. Treater has asked for 8 sessions of physical therapy for lumbar which is reasonable given the patient's persistent radicular back pain. Recommendation is for authorization.