

Case Number:	CM14-0044162		
Date Assigned:	06/20/2014	Date of Injury:	01/03/2002
Decision Date:	08/04/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 50-year old with an injury date on 1/3/02. Patient complains of continued chronic lower back pain per 1/29/14 report. Patient's pain has worsened as medication prescriptions were denied, and is now ambulating with cane per 1/29/14 report. Based on the 1/29/14 progress report provided by [REDACTED] the diagnoses are: 1. thoracic or lumbosacral neuritis/radiculitis 2. lumbago Exam on 1/29/14 showed spasm, tenderness, and guarding noted in the paravertebral musculature of lumbar spine with decreased range of motion. Patient is ambulating with antalgic gait and one-point cane. [REDACTED] is requesting 12 physical therapy. The utilization review determination being challenged is dated 3/3/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/19/13 to 6/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

98, 99:.

Decision rationale: This patient presents with lower back pain and is status/post lumbar arthrodesis with subsequent hardware removal in April 2013. The physician has asked for 12 physical therapy on 1/29/14 for strengthening and improving range of motion, and to maintain function as patient has been without medication for 2 weeks. Patient has begun a course of physical therapy for lower back pain but number of sessions were not specified per 1/14/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient is 11 month removed from lumbar surgery, has continued back pain, and has recently begun physical therapy. The physician has asked for 12 sessions of physical therapy but MTUS guidelines only allow a short course of 8-10 sessions for this type of condition. Therefore, 12 Physical Therapy are not medically necessary.