

Case Number:	CM14-0045981		
Date Assigned:	07/02/2014	Date of Injury:	05/28/2013
Decision Date:	08/27/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 45-year-old male with a date of injury of 05/28/2013. The progress report dated 01/08/2014 is a lumbar strain and facet arthropathy. According to this handwritten progress report, the patient has no improvement from the last visit. Physical therapy extension was denied despite it helping his back condition. The patient is also awaiting epidural steroid injection. The objective findings show flexion is at 90 degrees, extension 20 degrees, and lumbar flexion is 20/30 in the lumbar spine. DTR is 2+. Straight leg raise is positive at 60 degrees bilaterally. Motor examination is 5/5. The utilization review denied the request on 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Low back - lumbar & thoracic.

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

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with back pain. The treating physician is requesting physical therapy treatment. Based on the RFA dated 03/27/2014, the treating physician is requesting 16 sessions of physical therapy. The MTUS guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The physical therapy report dated 07/15/2013 documents that the patient has decreased range of motion and function with non-optimal posture consistent with his diagnosis. However, this report did not document the number of treatments the patient has received thus far. The utilization review denied the request stating that the patient has received 12 physical therapy visits with benefits. In this case, the treating physician's requested 16 additional sessions, combined with the previous 12 that the patient received, would exceed MTUS recommendations for this type of condition therefore, this request is not medically necessary.