

Case Number:	CM14-0047373		
Date Assigned:	07/02/2014	Date of Injury:	10/13/2003
Decision Date:	08/06/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/15/2014

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 61-year-old male with date of injury of 10/13/2003. The listed diagnoses per [REDACTED] dated 11/14/2013 are: Chronic low back pain, Radiculopathy, and DVT. According to the handwritten report, the patient complains of leg pain. The rest of the report was difficult to decipher, and other reports provided were also hard to decipher. According to the utilization review dated 04/03/2014, the patient complains of persistent low back pain. The Utilization Review references a physical exam that shows tenderness over the L4-L5 facet joints and bilateral S joints. There is a positive straight leg raise test. Treatment to date includes L5-S1 decompression and fusion in 2011, physical therapy times 82, TENS unit, and medication. In addition, the patient most recently attended 8 sessions of physical therapy in March 2014. The utilization review did not grant the request on 04/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2X4 to low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting 8 additional physical therapy visits for the low back. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The 63 pages of records do not show any recent or prior physical therapy reports to verify how many treatments were received and with what results were accomplished. The utilization review documents that the patient received 8 sessions of physical therapy on March 2014. This letter indicates that the request for additional therapy was received on 3/27/14. The providers progress report nor the request for authorization form were made available for this review. Given that the patient already received 8 sessions of therapy, additional therapy would exceed what is allowed by the MTUS guidelines for this condition. Therefore, the request is not medically necessary.