

Case Number:	CM14-0050434		
Date Assigned:	06/25/2014	Date of Injury:	09/13/2013
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
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 52 year old male with an injury date of 09/13/13. Based on the 10/02/13 progress report provided by [REDACTED], the patient complains of neck and back pain. There is tenderness over both trapezius muscles and over the left paraspinal musculature. The patient has a straight leg positive in the left lower extremity as well. He is temporarily totally disabled. His diagnoses include the following: Acute Lumbar Strain and Acute Cervical Strain. [REDACTED] is requesting for physical therapy 2 x 6 for the lumbar spine. The utilization review determination being challenged is dated 02/28/14. [REDACTED] is the requesting provider, and he provided four treatment reports from 09/19/13- 03/05/14.

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 lumbar: Upheld

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

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

Decision rationale: According to the 10/02/13 report by [REDACTED], the patient presents with neck and back pain. The request is for physical therapy 2 x 6 for the lumbar spine. None of the progress reports indicate how many sessions of physical therapy the patient has already had. However, the utilization review letter states that the patient has already had 12 sessions of physical therapy. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the provider has asked for 12 total sessions of therapy for the patient's lumbar spine. A short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 12 sessions exceeds what is allowed per MTUS. The requested services are not medically necessary.