

Case Number:	CM14-0066307		
Date Assigned:	07/02/2014	Date of Injury:	06/04/2012
Decision Date:	08/20/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 Pain Management 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 female with the date of injury of 06/04/2012. The patient presents with low back pain, radiating down her right leg and foot. She had tried medications, physical therapy, ice treatment and chiropractic therapy. According to [REDACTED], AQPM, QME report on 03/25/2014, diagnostic impressions are: 1) Cervical spine degenerative disc changes notable from C4-5 through C6-7) Straightening of the cervical spine curvature which may be related to spasm or strain. MRI of lumbar spine from 11/25/2013 showed the following: 1) Slight leftward convex curvature of the lumbar spine. Facet arthrosis from L2-L3 through L5-S1 with mild left neural foraminal narrowing at L4-L5 as well and 2) Benign intraosseous hemangioma within L1 vertebral body as well as intraosseous hemangioma within the T11 vertebral body which is completely visualized. [REDACTED] requested physical therapy 6 visits for the lumbar spine. The utilization review determination being challenged is dated on 04/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/05/2013 to 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: The patient presents with pain in his lower back and the limited range of lumbar motion. The request is for physical therapy 6 visits for the lumbar spine. Review of the reports indicates that the patient has had 12 sessions of physical therapy in the past. The provider does not indicate why additional therapy is being requested at this time. There are no therapy reports provided for this review. MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the provider has asked for therapy but does not discuss treatment history, how the patient responded to treatments and what can be accomplished with additional therapy. Furthermore, the current 6 sessions combined with 12 already received would exceed what is recommended per MTUS guidelines given no indication of any recent surgery. Recommendation is not medically necessary.