

Case Number:	CM14-0071548		
Date Assigned:	07/16/2014	Date of Injury:	01/16/2002
Decision Date:	08/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/16/2014

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 01/16/02. Based on the 03/27/14 progress report provided by [REDACTED], the patient complains of low back pain which at times can get severe. On examination of the lumbar spine, there is tenderness about the lower lumbar paravertebral musculature. There is a positive sitting straight leg raise bilaterally. The patient's diagnoses include the following: Discogenic low back pain, Lumbar spondylosis, and Internal medicine diagnosis. The request for 12 physical therapy visits for the lumbar spine. The utilization review determination being challenged is dated 04/24/14. The requesting provider, has provided two treatment reports from 02/04/14 and 03/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, Online Edition. Chapter: Low Back - Lumbar Thoracic, Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following Page(s): 98,99.

Decision rationale: According to the 03/27/14 report by [REDACTED], the patient presents with low back pain. The request is for 12 physical therapy visits for the lumbar spine. 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 treater 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. Recommendation is for denial.