

Case Number:	CM14-0076011		
Date Assigned:	07/16/2014	Date of Injury:	09/10/2013
Decision Date:	08/19/2014	UR Denial Date:	05/18/2014
Priority:	Standard	Application Received:	05/23/2014

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:

This is a male patient with the date of injury of September 10, 2013. A Utilization Review was performed on May 18, 2014 and recommended non-certification of additional PT x8 - low back. A Progress Report dated May 7, 2014 identifies Subjective Complaints of the patient has just finished his 7th session of PT with some limited improvement. Still has appreciable low back pain that extends into the right leg. Objective Findings identify decreased ROM low back. Positive bilateral Kemps test, more so left side. Positive Milgram's test for low back discomfort. Tenderness of left and right sacroiliac joints and of the lower lumbar L3-L5. Weak left EHL - 4/5. Diagnoses identify lumbosacral sprain/strain, lumbosacral neuritis or radiculitis, lumbar disc syndrome without myelopathy, and cervicothoracic sprain/strain. Treatment Plan identifies request authorization for additional physical therapy at 2 times/week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x8 - low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Myalgia and Myositis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98.

Decision rationale: Regarding the request for additional physical therapy x8 - low back, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends up to 12 physical therapy sessions for the diagnosis of neuritis/radiculitis. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In addition, the requested number of visits in addition to the sessions already completed exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Additional Physical Therapy x 8 - Low Back is not medically necessary.