

Case Number:	CM14-0083234		
Date Assigned:	07/21/2014	Date of Injury:	07/19/2013
Decision Date:	09/18/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 31-year-old male who reported an injury on 07/19/2013, reportedly, as he lifted a canopy and threw it over his right shoulder, he felt a tingling sensation as well as tightness in his left lower back. The injured worker's treatment history included x-rays, MRI of the lumbar spine, physical therapy, and medications. The injured worker was evaluated 04/25/2014, and it was documented that injured worker the improved significantly after his recent epidural steroid injection. Provider noted the recommendation of a course of physical therapy for residual back pain and also to teach the injured worker certain exercises that he should be doing on a daily basis afterward. In the documentation submitted, the injured worker had prior sessions of physical therapy and it was noted the injured worker did not have much improvement with conservative treatment including the use of medication in the course of physical therapy in the past. Diagnoses included lumbar disc herniation and lumbar radiculopathy. The Request for Authorization was not submitted for this review. The rationale for physical therapies was for the residual back pain, to teach the injured worker certain exercises that he should be doing on a daily basis afterward.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TREATMENT TO THE LUMBAR SPINE FOR 10 SESSIONS, 2 TIMES A WEEK FOR 5 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. However, it was noted within the documentation the injured did not have significant improvement with prior physical therapy sessions. The provider failed to indicate long-term functional goals and outcome measurements of home exercise regimen. Additionally, the request will exceed recommended guidelines # of visits. Given the above, the request for physical therapy treatment to the lumbar spine 10 sessions, 2 times a week for 5 weeks is not medically necessary.