

Case Number:	CM14-0086593		
Date Assigned:	06/11/2014	Date of Injury:	03/26/2013
Decision Date:	07/18/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/23/2014

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 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 37 year old with an injury date on 3/26/13. No progress reports included but UR letter dated 4/3/14 gave diagnosis as s/p right L5-S1 lami/disc on 9/10/13. [REDACTED] is requesting physical therapy/pilates quantity 12. The utilization review determination being challenged is dated 4/3/14 and rejects request due to lack of documentation of exceptional indications for therapy and no explanation why independent home would be insufficient. [REDACTED] is the requesting provider, and no treatment reports were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY / PILATES, QUANTITY: 12: Upheld

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

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

Decision rationale: This patient presents with lower back pain and is s/p decompression of right L5-S1 nerve roots, right L5 and S1 hemilaminotomy/foraminotomy/partial discectomy from 9/18/13. The treater has asked physical therapy/Pilates quantity 12 but RFA not included in

provided reports. Treater recommends Pilates education/instruction program in home exercises 3x4 in 3/4/14 report according to 4/3/14 UR letter. No progress reports included in documentation. Regarding home exercise, MTUS recommends patients to be instructed to continue active therapies at home as an extension of the treatment process. Although Pilates is not discussed in MTUS or ODG, ODG does support yoga as an effective treatment method for motivated individuals. MTUS, however, support 8-10 sessions of therapy for myalgia/myositis conditions and the current request is for 12 sessions that exceeds the number of sessions supported by MTUS. The request is not medically necessary.