

Case Number:	CM14-0086863		
Date Assigned:	07/23/2014	Date of Injury:	11/07/2012
Decision Date:	09/16/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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 & 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 62-year-old female with an injury date of 11/07/2012. According to the 04/21/2014 progress report, the patient has hypertension, Barrett's esophagus, a history of transient ischemic attack, and anemia. She has back pain for which she has undergone a recent MRI, revealing a diskogenic disease of the dorsal spine at multiple levels. She complains of pain in her pelvic area and notes discomfort in moving. In the 02/25/2014 report, she also presents with fatigue and coldness of her hands. She has had a history of gastrointestinal bleeding and epistaxis. The patient's diagnoses include the following: 1. Hypertension.2. Iron deficiency anemia.3. Barrett's esophagus.4. History of transient ischemic attacks.5. Mild excess weight.6. Diskogenic disease of the dorsal spine.The utilization review determination being challenged is dated 05/12/2014. Four treatment reports were provided from 12/16/2013 - 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Thoraco-Lumbar Spine three (3) times a week for four (4) weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Procedure Summary.

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

Decision rationale: Based on the 04/21/2014 progress report, the patient complains of hypertension, Barrett's esophagus, ischemic attacks, anemia, and back pain. The request is for physical therapy to the thoracolumbar spine 3 times a week for 4 weeks. There is no indication that the patient has had any previous physical therapy visits. MTUS Guidelines pages 98 and 99 state that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the provider has requested for a total of 12 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 by MTUS. Therefore the request for Physical Therapy to Thoraco-Lumbar Spine three (3) times a week for four (4) weeks is not medically necessary and appropriate.