

Case Number:	CM13-0022503		
Date Assigned:	03/26/2014	Date of Injury:	11/12/2012
Decision Date:	04/20/2015	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 33-year-old male, who sustained an industrial injury on 11/12/2012. He reported low back pain. The injured worker was diagnosed as having lumbar sprain and lumbosacral neuritis. In the examination of 11/26/2012, the IW was treated with therapeutic exercise and manual treatment and objectively had pain of 5 on a 1-10 scale, his lumbosacral range of movement was WNL in all planes except forward flexion and extension. In March of 2013, he had an initial orthopedic consultation for low back pain with pain into the left leg. Physical therapy and medication had not relieved his symptoms. His MRI's were reviewed and lumbar epidural steroid injections were recommended. In summer of 2013, physical therapy for the low back was again requested. The injured worker complained of mild discomfort and pain in the low back mostly on the left without radiating symptoms. The IW was given Soma for pain and placed on temporary total disability for four weeks at the visit of 07/19/2013. As of 08/09/2013, the IW had not yet started physical therapy. There is an outstanding request is for an additional physical therapy for three times a week for four weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy (three (3) times per week for four (4) weeks for the lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Physical Therapy Guidelines.

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

Decision rationale: MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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." The treating physician has not provided reason for the request. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. Patient has received 6 physical therapy sessions based on the 1/23/13 progress report. UR letter dated 08/19/13 states patient has "attended 9 physical therapy treatments to date." In this case, the treating physician does not discuss any flare-ups, does not explain why on-going therapy is needed, nor reason why patient is unable to transition into a home exercise program. Furthermore, the request for additional 12 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request is not medically necessary.