

Case Number:	CM14-0000410		
Date Assigned:	01/10/2014	Date of Injury:	04/26/2013
Decision Date:	12/09/2015	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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. 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, Hawaii

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 is a 33 year old male, who sustained an industrial injury on 4-26-2013. The injured worker is undergoing treatment for: lumbar sprain and strain, lumbar radiculopathy, idiopathic peripheral autonomic neuropathy, and unspecified disorder of autonomic nervous system. On 8-7-13, he rated his low back pain 4 out of 10 and indicated he was unable to sit for more than 60 minutes at a time. On 9-12-13, low back pain with radiation into the right leg and mid back. He rated his pain 5 out of 10 currently, and 2 out of 10 at best, and 10 out of 10 at worst. He indicated he has difficulty with activities such as getting on and off the toilet. Physical examination revealed a decreased range of motion of the lumbar spine. The records do not discuss the efficacy of the already completed physical therapy sessions. The treatment and diagnostic testing to date has included: x-ray of the lumbar (April 2013), multiple sessions of physical therapy, cold, medications, and urine drug screening (9-12-13, 10-10-13). Medications have included: hydrocodone, cyclobenzaprine, and naproxen. Current work status: not working since August 2013. The request for authorization is for: 12 additional physical therapy of the lumbar spine, 2 times a week for 6 weeks, as an outpatient. The UR dated 12-24-2013: non-certified the request for 12 additional physical therapy of the lumbar spine, 2 times a week for 6 weeks, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional physical therapy sessions, 2x a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The records indicate the patient has ongoing low back and left leg pain. The current request is for 12 additional physical therapy sessions, 2 x a week for 6 weeks for the lumbar spine. There is no report provided that provides any specifics on this request. The CA MTUS does recommend physical therapy as an option for chronic low back pain at a decreasing frequency with a transition into independent home-based exercise. The MTUS recommends for myalgia and myositis, unspecified: 9-10 visits over 8 weeks. The records indicate that the patient has completed two months of physical therapy at a frequency of twice weekly. There are no records to determine if the patient has achieved significant functional benefit. When considering the 4/26/13 date of injury, with the completion of chiropractic treatment and physical therapy, an additional 12 physical therapy sessions exceeds the MTUS guidelines. As noted above, MTUS recommends 9-10 visits over 8 weeks. There is nothing in the records made available that would indicate that treatment above and beyond the MTUS guidelines is medically necessary. The current request is not medically necessary.