

Case Number:	CM14-0140638		
Date Assigned:	09/10/2014	Date of Injury:	01/14/2011
Decision Date:	01/22/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/29/2014

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 Rehab, 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 48 year old female with an injury date of 01/14/14. Per the 07/14/14 and 09/08/14 reports the patient presents for follow up for the back with pain radiating to the bilateral legs rated 4-5/10. As of 09/08/14 the patient is to remain off work until 10/06/14. Examination shows back pain radiating to the lower extremities more right than left. The patient's diagnoses include: 1. Displaced lumbar intervertebral 2. Unspecified thoracic/lumbar neuritis 3. Lumbago 4. Spinal enthesopathy The 07/14/14 report states the patient is gradually getting better following her "procedures". These procedures are not discussed. The 09/08/14 report states that a consult is requested for an ortho surgeon who does back surgery but was denied. The 06/03/14 report states the patient received a prior ESI on an unknown date with little benefit. Reports show that the patient was hospitalized for lower back pain in June 2014 and there is mention of a prior hospitalization due to pain of unknown date. The 06/06/14 MRI lumbar is included. The utilization review being challenged is dated 08/26/14. The rationale is not stated. Reports were provided from 04/07/14 to 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

Decision rationale: The patient presents with back pain radiating to the bilateral legs. The treater requests for OUTPATIENT PHYSICAL THERAPY TO LUMBAR THREE (3) TIMES A WEEK FOR FOUR WEEKS per 07/14/14 RFA.MTUS 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. On 07/14/14 the treater states, "Patient had been doing well and benefit from medications. She is at this time feeling better and is ready to do physical therapy again." The reports do not document any physical therapy treatments prior to this date. The 07/14/14 RFA states this request is for "initial" therapy. The 06/11/14 consult report following the patient's hospitalization states, "I do not feel that urgent surgery is indicated and should be treated conservatively at the present time..." There is no evidence that the patient is within a post-surgical treatment period. Five physical therapy treatment reports are provided for treatment of back pain for the period 09/15/14 to 10/01/14. It is unclear if these sessions are among the 12 visits requested or if these are additional sessions. This request is not discussed in the reports provided, and no objective goals are documented. There is an indication of prior therapy; however, it is unknown what treatment was provided and when. There is no evidence of recent physical therapy, and it appears this request may be the result of the patient's hospitalization with severe back pain; however, this is not stated by the treater. In this case, the need for treatment and treatment history have not been clearly stated. Furthermore, the requested 12 sessions exceed what is allowed per MTUS. The request IS NOT medically necessary.