

Case Number:	CM14-0160616		
Date Assigned:	10/06/2014	Date of Injury:	05/30/2014
Decision Date:	01/02/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/30/2014

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 Pain Management 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 52 year old with an injury date on 5/30/14. Patient complains of low lumbar pain, radiating into left leg with associated numbness/tingling, rated 6/10 per 8/18/14 report. Patient states that back pain is greater than leg pain, and also complains of shoulder pain (unspecified) per 8/18/14 report. Based on the 8/18/14 progress report provided by the treating physician, the diagnosis is lumbar strain. Exam on 8/18/14 showed "L-spine range of motion is 50% of normal. Lower extremities range of motion is normal. Straight leg raise is negative." There was no range of motion testing of shoulders were provided in reports. Patient's treatment history included medication, physical therapy, cryotherapy, lumbar support. The treating physician is requesting physical therapy 3 times per week for 4 weeks for the low back. The utilization review determination being challenged is dated 8/25/14. The requesting physician provided treatment reports from 5/31/14 to 11/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times per week for 4 weeks for the low back: 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, left leg pain, shoulder pain. The provider has asked for Physical Therapy 3 times per week for 4 weeks for the low back on 8/18/14 "a more aggressive physical therapy regimen to focus on exercises rather than modalities." Patient underwent 12 physical therapy sessions that "focus[ed] only on modalities" per 8/18/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. The patient does present with continued back pain and continued deficits. However, the patient recently underwent 12 sessions of therapy. The patient should be able to transition into a home exercise program. The requested 12 sessions exceed what is allowed by MTUS for this type of condition. Therefore, this request is not medically necessary.