

Case Number:	CM14-0181328		
Date Assigned:	11/06/2014	Date of Injury:	10/01/2010
Decision Date:	01/28/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/31/2014

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:

This patient presents with lumbar spine pain. The request is for physical therapy 2x4 for the lumbar spine. MTUS 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." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Physical Therapy recommends "Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks... Intervertebral disc disorder with myelopathy (ICD9 722.7) Medical treatment: 10 visits over 8 weeks." In this case, there is no discussion regarding regarding prior therapy treatments. The patient's recent treatment include a selective nerve injection from 5/30/14 that helped the low back but not the leg symptoms. The treater has asked for therapy to address "lumbar/core strengthening now that she has less pain." Given that there is lack of any therapy treatments in the reports provided, it would be reasonable to allow a short course to address the patient's chronic pain condition. The request is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice per week for four weeks, for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Physical Therapy.

Decision rationale: This patient presents with lumbar spine pain. The request is for physical therapy 2x4 for the lumbar spine. MTUS 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." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Physical Therapy recommends "Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks... Intervertebral disc disorder with myelopathy (ICD9 722.7) Medical treatment: 10 visits over 8 weeks." In this case, there is no discussion regarding regarding prior therapy treatments. The patient's recent treatment include a selective nerve injection from 5/30/14 that helped the low back but not the leg symptoms. The treater has asked for therapy to address "lumbar/core strengthening now that she has less pain." Given that there is lack of any therapy treatments in the reports provided, it would be reasonable to allow a short course to address the patient's chronic pain condition. The request is medically necessary.