

Case Number:	CM14-0190480		
Date Assigned:	11/21/2014	Date of Injury:	08/22/2013
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal Medicine, 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 an injured worker with lumbar back complaints. The patient had a back injury on 08/22/13. Diagnoses were lumbar spine strain, lumbar radiculopathy, and disc protrusion at L4-5 and L5-S1. The progress report dated 09/17/14 documented an examination that demonstrated tenderness over the left mid and lower paravertebral muscles. Flexion was 20 degrees. Extension was 15 degrees. Right and left lateral bending were 20 degrees. Right and left rotation was 25 degrees. There was increased pain on flexion and extension. There was diminished sensation in the left lower extremity in the L5 distribution. The patient has completed 9 physical therapy visits to date from 01/08/14 to 07/23/14. The progress report dated 10/8/14 documented subjective complaints of lumbar spine pain. The patient was scheduling physical therapy that had been authorized. Objective findings were documented. Gait was not antalgic. Lumbar spine tenderness was noted. Diagnoses were lumbar spine strain, lumbar radiculopathy, and disc protrusion at L4-5 and L5-S1. Treatment plan included a request for 12 additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Physical Therapy

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommends 10 visits for lumbar sprains and strains. Medical records indicate that the patient has completed 9 physical therapy visits from 01/08/14 to 07/23/14. The progress report dated 10/8/14 documented that the patient was scheduling physical therapy that had been authorized. The progress report dated 10/8/14 documented that 12 additional physical therapy visits were requested, without documentation of functional improvement with physical therapy. MTUS and ODG guidelines allow for up to 10 physical therapy visits. Per ODG guidelines, when the number of visits exceeds the guidelines, exceptional factors should be noted. Without exceptional factors or evidence of functional improvement, the request for 12 additional physical therapy visits, which would exceed MTUS and ODG guideline recommendations, is not supported. Therefore, the request for Physical therapy 2 times a week for 6 weeks to the lumbar spine is not medically necessary.