

Case Number:	CM14-0191250		
Date Assigned:	11/25/2014	Date of Injury:	01/07/2013
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

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 and 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 is a 44 year old male with a date of injury of 1/7/13. The listed diagnosis is spinal/lumbar DDD. According to progress report 10/15/14, the patient presents with "substantial stiffness of the lumbar spine periodically." MRI of the lumbar spine from 3/4/13 revealed multilevel DJD/DDD. At L5-S1 there is a desiccated disc and a 4.1 mm diffuse posterior annular bulge with a tear. Examination of the lumbar spine revealed range of motion is restricted with flexion limited to 90 degrees and extension limited to 22 degrees. On palpation, paravertebral muscles, hypertonicity and tenderness is noted on both sides. Lumbar facet loading is positive on both sides. The treating physician states that the patient's back pain is intermittent and occasionally quite severe and PT has been previously denied. The patient reports "benefit from physical therapy for flare-ups and attempts home exercise program." Request is for additional physical therapy for the low back x 6 sessions. Utilization review denied the request on 10/22/14. Treatment reports from 4/4/14 through 10/15/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to low back x 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with "substantial stiffness of the lumbar spine periodically." The current request is for Physical Therapy to Low Back X6 Sessions. The utilization review denied the request stating that recommendation is for patient to complete remaining chiropractic visits and document response before physical therapy should be considered. For physical medicine, the MTUS page 98-99 recommends for myalgia and myositis type symptoms 9-10 sessions over 8 weeks. The number of completed therapy visits to date is not documented in the medical reports submitted for this request. The treating physician has stated that the prior physical therapy for the patient's flare-up has been beneficial. This patient has intermittent back pain that is "quite severe" with "substantial stiffness." A short course of 6 sessions to address the patient's flare-up is reasonable. The requested 6 physical therapy sessions is medically necessary.