

Case Number:	CM14-0193727		
Date Assigned:	12/01/2014	Date of Injury:	06/05/2014
Decision Date:	01/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/19/2014

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 and Pain Management, 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 a 62 year old female with the injury date of 06/05/2014. Per treating physician's report 10/17/14, the patient presents pain in her neck, mid, lower back and right hip. The patient rates her intermittent mid and low back pain as 8/10, aggravated by prolonged standing or sitting. The patient rates her constant neck pain as 8/10. Her neck pain radiates into her left shoulder and left side of her head. There is palpative tenderness over right great trochanter. The patient is currently working on light duty. The patient is taking pain reliever, cholesterol medication, aspirin 81mg. ROM of lumbar spine is 75% of full in all directions. Diagnosis is L/S strain with right trochanteric bursitis. The MRI of the lumbar spine from 09/16/14 reveals 1) disc desiccation and narrowing at L1-L4 2) left paracentral herniation at L2-L3 3) mild facet disease at L3-L4. Per progress report 08/29/14, the patient had physical therapy, acupuncture and pain medications but the low back symptoms have not improved since her injury. The utilization review determination being challenged is dated on 11/05/14. Treatment reports were provided from 08/01/14 to 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, no amount and duration, lumbar & thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 online, Recommendations for physical therapy treatment

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

Decision rationale: The patient presents pain in her neck, mid, lower back and right hip. The request is for PHYSICAL THERAPY, no amount and duration, for lumbar and thoracic spine. For non-post-operative therapy treatments MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. Per progress report 08/29/14, the patient has had physical therapy in the past. The records do not contain therapy reports or a progress report which indicates how many physical therapy the patient had. The 08/29/14 report states that the patient had therapy but the low back symptoms have not improved since her injury. Prior treatments have failed and there is no explanation why therapy can be helpful now. There is no discussion regarding the patient's home exercise program. The treater does not indicate the amount of therapy, either. The utilization review letter from 11/05/14 indicates that 6 sessions of physical therapy are authorized between 10/30/14 and 12/12/14. The request is not medically necessary.