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| Case Number: | CM14-0194092 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 10/09/2013 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 11/12/2014 |
| 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, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 worker sustained a low back injury while lifting a hose on 10/9/2013. According to the 11/5/2014 primary treating physician's progress report he has not improved with 10 chiropractic, 6-10 PT and medications. It is stated that he has improved spinal mechanics with active therapy and 8 more is recommended. The worker complains of moderate low back pain that has not improved since injury. It is stated he has completed active therapy x 8 and feels stronger but still has same back pain. His diagnoses include myofascial pain syndrome, low back pain, and lumbar facet syndrome. Physical examination revealed limited lumbar spine range of motion due to pain and palpable paravertebral muscle spasm and tenderness. Muscle strength, sensation, and reflexes were normal. Gait was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 Visits for the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The MTUS guidelines advise 9-10 visits of physical therapy over 8 weeks for myalgia and myositis and 8-10 visits over 4 weeks for radiculitis. During that time, there should be a transition to an active home exercise program that can be continued long term. This worker has already had 8 physical therapy visits. He did not have any reduction in pain but it was reported that he did have improvement in strength and spinal mechanics. 4 more sessions of physical therapy is in excess of the guidelines. Given that he did not have any reduction in pain with the first 8 sessions, it would not be expected that additional physical therapy would result in a decrease in pain. Continued gains in strength could be anticipated from continuation of a home exercise program. 8 sessions of physical therapy should have been sufficient to instruct in spinal mechanics. The request is not medically necessary.