

Case Number:	CM14-0196248		
Date Assigned:	12/04/2014	Date of Injury:	11/13/2012
Decision Date:	03/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 injured worker is a 39 year old female patient, who sustained an industrial injury on 11/13/2012. A primary treating office visit dated 10/09/2014 reported the patient being temporarily totally disabled effective 10/2009.; Although, it also mentioned work status of light duty with lifting limit of 25 pounds and stand/walking limit of 225 minutes per hour and no use of injured extremity. She is instructed to return in 6 weeks. Subjective complaints noted as with increased numbness traveling up the legs and into her thighs. Requests for a magnetic resonance image and electromyography services noted. On 10/27/2014 Utilization Review non-certified a request for physical therapy 12 sessions treating the lumbar spine, noting the CA MTUS Chronic Pain, Physical Medicine was cited. the injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions 2 x 6 for the lumbar spine: Upheld

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

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for 12 physical therapy of the lumbar spine. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The clinical documents state that the patient has attended and been approved for 6 previous session of physical therapy with 12 more pending session authorized. According to the clinical documentation provided and current MTUS guidelines; 12 additional physical therapy sessions are not indicated as a medical necessity to the patient at this time.