

Case Number:	CM14-0197557		
Date Assigned:	12/08/2014	Date of Injury:	08/26/2013
Decision Date:	01/23/2015	UR Denial Date:	10/17/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab, 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 39-year old female with an injury date on 08/26/2013. Based on the 09/23/2014 progress report provided by the treating physician, the diagnosis is Lumbosacral strain with facet arthropathy at L4-5 and L5-S1. According to this report, the patient complains of a flare up of her back pain and is having difficulty at work. She is taking Motrin and Flexeril as needed for pain. Examine findings show the patient has 1+ lumbar paraspinous muscle spasm. She is tender to palpation along these muscles. The patient's condition is "she can work her usual and customary job without restrictions. The treatment plan is waiting for authorization for physical therapy and a follow-up visit in three to four weeks. The patient's past treatment consist of physical therapy, medication, and injections. There were no other significant findings noted on these records. The utilization review denied the request for 12 sessions of physical therapy for lumbar spine on 10/17/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/05/2014 to 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy 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 Page(s): 98-99.

Decision rationale: According to the 09/23/2014 report, this patient presents with a flare up of back pain. Per this report, the current request is for 12 sessions of physical therapy for lumbar spine. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of the available reports shows no therapy reports and there is no discussion regarding the patient's progress. The treating physician indicates the patient has a flare up of her back pain. A short course of therapy may be reasonable for the patient's flare-up symptoms. However, the treating physician request for 12 sessions exceeds what is allowed by the MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request is not medically necessary.