

Case Number:	CM14-0197775		
Date Assigned:	12/08/2014	Date of Injury:	08/18/2009
Decision Date:	01/23/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 59-year-old female with a date of injury of 08/18/2009. According to progress report dated 10/17/2014, the patient presents with constant low back pain with radiation of pain into the lower extremities. The pain is rated as 7/10 on a pain scale. Examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Range of motion is guarded and restricted, and there is tingling and numbness noted in the lower extremities. Treatment request is for physical therapy 2 times a week for 6 weeks for the lumbar spine with massage. The utilization review denied the request on 11/18/2014. Treatment reports from 07/22/2014 through 10/17/2014 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 2 x 6 for the lumbar spine with massage: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. Current request is for physical therapy 2 x 6 for the lumbar spine with massage. For physical medicine, the MTUS Guidelines pages 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 sessions over 8 weeks. The medical file includes 3 progress reports which do not discuss any prior physical therapy sessions. The number of completed therapy visits to date and the objective response therapy were not documented in the medical report submitted for this request. The utilization review states that, "This claimant has had extensive PT/chiro for this chronic condition." In this case, the treating physician request for 12 sessions exceeds what is recommended by MTUS. According to the Utilization review letter, the patient has had extensive physical therapy and there is no rationale provided to indicate why the patient has not transitioned into a self-directed home exercise program. There is no report of new injury, new surgery, or new diagnosis that can substantiate the current request. Therefore, the requested additional physical therapy sessions are not medically necessary.