

Case Number:	CM14-0199494		
Date Assigned:	12/09/2014	Date of Injury:	02/19/2010
Decision Date:	01/26/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old female with a work injury dated 2/19/10. The diagnoses include lumbar multilevel disc degeneration. Under consideration are requests for additional physical therapy x 6 sessions for low back area. There is a 10/1/14 progress note that states that the patient has ongoing back pain. She did get some musculoskeletal cream which she has used and it has helped her. Her physician suggested that she go to physical therapy, and two visits were approved. Examination today shows restricted flexion, extension and abduction of the spine. The sensory, motor and deep tendon reflexes are intact. The discussion states that the patient has multilevel disc degeneration which is causing ongoing mechanical back symptoms. There is no patient that has ever been cured with two physical therapy sessions. The treating physician would suggest that she have the usual eight-visit treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 6 sessions for low back area: Upheld

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

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

Decision rationale: Additional physical therapy x 6 sessions for low back area is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that up to 10 sessions may be necessary for the patient's condition. The documentation indicates that the patient was injured in 2010 and has had prior physical therapy. The documentation does not indicate the total amount of therapy for the low back that the patient has had or the efficacy. Additionally, it is unclear why the patient is unable to perform a home exercise program for her low back which she should be versed in. The request for additional physical therapy x 6 sessions for low back area is not medically necessary.