

Case Number:	CM14-0202265		
Date Assigned:	12/12/2014	Date of Injury:	06/11/2014
Decision Date:	02/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/03/2014

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 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 injured worker is a 46 year old female who sustained a work related injury on 6/11/2014 while stacking batteries when she lifted a case of batteries which caused lower back pain. She is currently off work. Per 8/15/2014 (29) and 9/18/2014 (41) orthopedic notes, the worker complains of back pain which radiated down left hip to knees when walking. Diagnosis is sprain/strain, lumbar spine. Examinations show tenderness at the spinous processes of the lumbar spine at L4, L5 and S1, left sided posterior superior iliac spine tenderness and left sided paravertebral muscle tenderness. There is some decreased range of motion. Physical therapy x 10 sessions has been completed but the injured worker still has back and leg pain. An MRI of the lumbar spine was recommended but denied. Medications include Naproxen. The Utilization Review dated 11/26/2014 non-certified additional physical therapy sessions because there is no indication there was a complication to recovery, co-morbidity or extenuating clinical circumstance to support additional visits and no indication why the injured worker could not now be independent on a home program at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Procedure: Upheld

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

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

Decision rationale: The patient presents with pain in the low back. The current request is for Physical Medicine Procedure, according to the Application for Independent Medical Review. The UR report indicates that the treating physician requested physical therapy 3 times a week for 3 weeks for a total of 9 sessions. The treating physician states that the patient has completed 10 sessions of physical therapy and continues to have back pain and leg pain. The MTUS guidelines state that physical therapy should "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS recommends 8-10 sessions of physical therapy for myalgia and neuritis type conditions. In this case, the patient has already completed 10 sessions of physical therapy. The treating physician has not provided any documentation as to why the patient would require physical therapy outside of the guidelines. There is no indication of a re-injury or comorbidity. According to the treating physician's progress report of 9/18/14 the patient was instructed to "continue on her daily home exercise program." No indication is made as to why the patient would not be able to continue to perform exercises in a home exercise program. The request is not medically necessary and appropriate.