

Case Number:	CM14-0203599		
Date Assigned:	01/28/2015	Date of Injury:	04/26/2012
Decision Date:	03/20/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/05/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old woman sustained an industrial injury on 4/26/2012. The mechanism of injury is not detailed. Current diagnoses include lumbar sprain, muscle spasm, and lumbosacral neuritis. Treatment has included oral medications and physical therapy. The only physician note submitted is dated 12/9/2013 and only includes the first page. It shows complaints of low back pain and right leg pain. No further information is provided. On 11/12/2014, Utilization Review evaluated a prescription for physical therapy, two sessions per week for four weeks that was submitted on 12/5/2014. The UR physician noted that the worker has already received 20 sessions of physical therapy (34 have been requested). There is no indication of a complication to recovery, co-morbidity, or extenuating clinical circumstance that would support continuing physical therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Physical Therapy to low back (2x 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic; Physical Therapy Guidelines

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

Decision rationale: The patient presents with pain and weakness in her lower back and right leg. The request is for 8 sessions of physical therapy for the low back. The utilization review letter on 11/12/14 indicates that the patient has had 20 sessions of therapy in the past. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, none of the reports discuss how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. It would appear that the patient has had adequate therapy. The treater does not explain why the patient is unable to transition into a home program. The current request for 8 combined with 20 already received would exceed what is recommended per MTUS guidelines. The request of physical therapy IS NOT medically necessary.