

Case Number:	CM14-0037752		
Date Assigned:	06/25/2014	Date of Injury:	03/22/1998
Decision Date:	04/07/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/29/2014

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 64 year old female, who sustained a work related injury on 3/22/98. The diagnosis has included lumbar disc displacement without myelopathy. Treatments to date have included oral medications and regular walking. In the visit note dated 2/20/14, the injured worker complains of low back pain. She states having constant burning in the middle of her back. She states the pain feels better when she slumps over at waist. This is causing muscle spasm in her back that radiates up the back. She rates her low back pain a 9/10. Lumbar extension is 5 degrees. Lumbar flexion is 30 degrees. She has spasm and guarding in lumbar spine. On 3/24/14, Utilization Review modified a request for 12 physical therapy sessions to lumbar spine 2x/week for 6 weeks to 6 physical therapy sessions for lumbar spine 2x/week for 3 weeks. The California MTUS, ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 2 times a week for 6 weeks (QTY: 12.00): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2: Summary of Recommendations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. In this case, the claimant last received therapy 8 yrs. ago. The injury was not recent. There was no indication that the claimant cannot perform home exercises. There was no recent surgery. The 12 sessions requested also exceed the guideline recommendations. The request is therefore not medically necessary.