

Case Number:	CM14-0053360		
Date Assigned:	07/07/2014	Date of Injury:	04/26/2002
Decision Date:	05/01/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/22/2014

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:

The 59-year-old male injured worker suffered an industrial injury on 4/26/2002. The diagnoses were low back pain with lower extremity symptoms. The diagnostic studies were lower extremity electromyography and lumbar magnetic resonance imaging. The injured worker had been treated with lumbar decompression 2004, medications, and physical therapy. On 1/16/2015, the treating provider reported low back pain 6/10 with tenderness and reduced range of motion. The treatment plan included additional 12 Sessions of Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy: Upheld

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

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

Decision rationale: The patient presents on 03/14/14 with lower back pain rated 5/10, which radiates into the left lower extremity. The patient's date of injury is 04/26/02. Patient is status

post lumbar decompression surgery at unspecified levels in 2004. The request is for 12 SESSIONS OF PHYSICAL THERAPY. The RFA is dated 03/22/14. Physical examination dated 03/14/14 reveals tenderness to palpation of the lumbar spine and reduced range of lumbar motion. No other physical findings are included with the encounter. The patient's current medication regimen is not specified. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. 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 guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for 12 PT sessions for the management of this patient's chronic pain, the treater has exceeded guideline recommendations. It is unclear how much physical therapy this patient has had to date. MTUS allows 9-10 physical therapy sessions for complaints of this nature. However, in this case the treater is requesting 12, exceeding guidelines. Therefore, the request IS NOT medically necessary.