

Case Number:	CM14-0066602		
Date Assigned:	07/14/2014	Date of Injury:	05/20/1986
Decision Date:	03/30/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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 injured worker is a 65 year old male who sustained an industrial injury reported on 5/20/1986. He has reported lumbar pain. The diagnoses have included lumbar spine sprain/pain; chronic myofascial pain syndrome; chronic lumbosacral radiculopathy; and status-post lumbosacral surgery (chronic). Treatments to date have included consultations; diagnostic imaging studies; possible discectomy surgery as per noted healed scar; probable extensive physical therapy and a home exercise program(not well documented); and medication management. The work status classification for this injured worker (IW) was not noted. On 4/28/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 4/18/2014, for Flector Patches 1.3% #90 for low back injury. A second UR review non-certified, for medical necessity, the request for 8 physical therapy sessions, 2 x a week x 4 weeks, for the lumbar spine, outpatient. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, topical analgesics, were cited for the Flector Patches. The American College of Occupational and Environmental Medicine Guidelines, low back, physical medicine, were cited for the physical therapy request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy visits, 2 times per week for 4 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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

Decision rationale: The patient presents with back pain radiating into the left leg. The request is for PHYSICAL THERAPY VISITS 2 TIMES PER WEEK FOR 4 WEEKS TO THE LUMBAR SPINE. Patient is status post lumbosacral surgery, date unspecified. Physical examination on 01/14/15 to the left leg revealed decreased sensation. Range of motion of the lumbar spine was decreased in all planes. Straight leg raise was positive on the left. Per 01/14/15 progress report, patient's diagnosis include lumbar spine sprain/pain, chronic myofascial pain syndrome, chronic lumbosacral radiculopathy, and status-post lumbosacral surgery, chronic. Patient's medications include Flector Patch and Cymbalta, per 01/14/15 progress report. Patient's work status is not specified. In this case, only one hand-written progress report was provided and was not very legible. 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 over 4 weeks are recommended." Treater has not provided reason for the request. Given the patient has not had physical therapy in a while, the request for 8 sessions would be reasonable. However, treater has not provided treatment history, nor explained why on-going therapy is needed. Treater does not discuss any flare-ups, or indicate why patient cannot transition into a home therapy program. Therefore, the request IS NOT medically necessary.