

Case Number:	CM15-0004663		
Date Assigned:	01/15/2015	Date of Injury:	01/06/2014
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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 61 year old male, who sustained an industrial injury on 1/6/14. He has reported bilateral hip and back pain with radiation to right foot. The diagnoses have included lumbar radiculopathy, scoliosis and anxiety. Treatment to date has included physical therapy x 4 sessions, diagnostic studies and oral medications. As of a progress note on 11/10/14, the injured worker presented with bilateral back and hip pain. The injured worker reported that the pain is improved by physical therapy. The treating physician is requesting physical therapy 2x a week for 10 weeks. The physical therapy note from 11/10/14, indicated some increased ROM and decreased pain. On 12/11/14 Utilization Review modified a request for physical therapy 2x a week for 10 weeks to physical therapy x 6 sessions. The UR physician cited MTUS, ACOEM and ODG guidelines for low back complaints. On 1/9/15, the injured worker submitted an application for IMR for review of for physical therapy 2x a week for 10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 10 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8 Summary of Recommendations. Decision based on Non-MTUS

Citation Official Disability Guidelines Chapter: Low Back- Lumbar & Thoracic (Acute & Chronic) Physical Therapy

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

Decision rationale: The patient presents with pain and weakness in his lower back and right lower extremity. The request is for 20 SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE. The patient is currently working. 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, the treater has asked for therapy but does not indicate why therapy is needed at this point. The utilization review letter on 12/11/14 indicates that the patient has had at least 4 sessions of physical therapy in the past. There is no documentation of flare-up or functional decline. No new clinical diagnosis is provided either. The current request has been partially authorized by utilization review letter on 12/11/14 to 6 sessions which is reasonable. The request for 20 sessions combined with at least 4 already received would exceed what is allowed by MTUS since the patient is not post-op. The request IS NOT medically necessary.