

Case Number:	CM15-0027065		
Date Assigned:	02/19/2015	Date of Injury:	11/07/2012
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/12/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female, who sustained an industrial injury on 11/7/12. She has reported back and neck injury. The diagnoses have included neck, pain, shoulder pain, cervical pain, displacement of cervical intervertebral disc without myelopathy, sprain of lumbar region and lumbar pain. Treatment to date has included physical therapy, epidural injections, pain medications and activity restrictions. Currently, the injured worker complains of improving neck and back pain. Progress note dated 12/19/14 revealed pain was improving with Tramadol and physical therapy was helping. Tenderness was noted on palpation over the paraspinal muscles. On 1/22/15 Utilization Review non-certified physical therapy 2 times a week for 6 weeks of lumbar spine, noting the lack of functional improvement from previous physical therapy sessions. The MTUS, ACOEM Guidelines, was cited. On 2/12/15, the injured worker submitted an application for IMR for review of physical therapy 2 times a week for 6 weeks of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

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

Decision rationale: Physical Therapy 2 x 6 for the lumbar spine is not medically necessary. Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that she had prior physical therapy visits without documented long term benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize her benefit with physical therapy; therefore, the requested service is not medically necessary.