

Case Number:	CM15-0031888		
Date Assigned:	02/25/2015	Date of Injury:	05/18/2010
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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 25 year old female, who sustained a work related injury on 5/18/13. The diagnoses have included lumbago, chronic pain syndrome and depression. Treatments to date have included 22 physical therapy sessions, acupuncture treatments and a MRI lumbar spine dated 1/5/15. In the PR-2 dated 2/4/15, the injured worker complains of constant lower back pain. She has low back pain that radiates down both legs. She has poor mobility with guarding. On 2/11/15, Utilization Review non-certified a request for physical therapy 2/week for 3 weeks to lumbar spine. The California MTUS, ACOLEM Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2xWk x 3Wks for the lumbar spine, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic Chapter, Physical therapy.

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

Decision rationale: The 25 year old patient presents with low back pain that radiates to bilateral lower extremities, as per progress report dated 02/04/15. The request is for PHYSICAL THERAPY 2 X WK FOR THE LUMBAR SPINE, QTY: 6. There is no RFA for this case, and the patient's date of injury is 05/18/10. Diagnoses, as per progress report dated 12/17/14, included sciatica, lumbar HNP, depression/anxiety and chronic pain syndrome. The patient is off work, as per progress report dated 02/04/15. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, only two progress reports dated, 02/04/15 and 12/17/14, have been provided. They are handwritten and illegible. The treater is requesting for 6 sessions of PT. The progress reports do not discuss prior therapy. However, the UR letter states that the patient has already received 12 sessions of therapy in 2013. The treater does not document the impact of this treatment on pain and function. It is not clear if the patient has undergone more therapy or not. The reports lack the information required to make a determination on this request. Hence, the physical therapy IS NOT medically necessary.