

Case Number:	CM15-0039591		
Date Assigned:	03/09/2015	Date of Injury:	08/14/2014
Decision Date:	04/24/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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 58 year old male, who sustained an industrial injury on August 14, 2014 due to a fall with resulting neck and back pain. The diagnoses have included cervical, lumbar, thoracic, and hip sprain/strain and lumbosacral radiculopathy. A progress note dated January 29, 2015 provided the injured worker complains of low back pain. Physical exam notes tenderness of low back and decreased range of motion (ROM). Magnetic resonance imaging (MRI) was done in September 2014 and the injured worker has had physical therapy with reported good results but still improving. Plan is for continued therapy and medications.

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 6 weeks for the low back: 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 Physical therapy.

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

Decision rationale: This patient has a date of injury of August 14, 2014 and presents with low back pain, tenderness and decreased range of motion. The current request is for physical therapy two times a week for six weeks for the low back. The MTUS Chronic Pain Management Guidelines, 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." Review of the medical file indicates that the patient participated in 15 physical therapy sessions between September 4, 2014 and November 28, 2014. There is documentation of improvement with physical therapy but the patient continued with the residual tenderness and decreased range of motion. Recommendation was made for the patient to continue with therapy. In this case the requested additional 12 sessions exceeds what is recommended by MTUS. Furthermore the treating physician does not discuss why the patient would not be able to transition into a self-directed home exercise program. This request IS NOT medically necessary.