

Case Number:	CM15-0039610		
Date Assigned:	03/11/2015	Date of Injury:	01/07/2014
Decision Date:	04/24/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/04/2015

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 27 year old female who sustained an industrial injury on January 7, 2014. She reports low back pain with unknown diagnosis. Treatment has included work modification. Currently the injured worker had a straight leg finding on the right. There was still diminished reflex. Pain was bilateral with right predominating. The treatment plan included a physical therapy program and epidural injection.

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 4 weeks for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy Guidelines.

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 01/07/14 and presents with low back pain and leg pain. The current request is for physical therapy 2 times a week for 4 weeks for the

lumbar spine. 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." The medical file provided for review includes progress reports dating from 01/15/15 through 03/12/15. According to report dated 01/15/15, the patient is to "start a physical therapy program two times a week for a period of four weeks." Subsequent report dated 02/03/15 states "still awaiting physical therapy." The Utilization review denied the request stating that records do not specifically document the amount of physical therapy "there is no specific exam findings for the lumbar spine in the note dated 01/21/15." The treating physician states that the patient has had therapy for the ankle and is now recommending that patient start therapy for the lower back. There is no indication of prior physical therapy for the lumbar spine. The requested 8 sessions are in accordance with MTUS and are medically necessary.