

Case Number:	CM15-0039995		
Date Assigned:	03/10/2015	Date of Injury:	08/02/2001
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/03/2015

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 (IW) is a 69-year-old male who sustained an industrial injury to his lower back on 08/02/2001. According to the progress notes dated 2/11/15, the IW reported increased back pain, more on the left side, with radiation toward the left hip. The IW was diagnosed with low back pain and lumbar degenerative disc disease. Treatment to date has included physical therapy. Diagnostic testing was not included in the documentation. The provider requests physical therapy due to past successful treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, low back Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 98-99.

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 06/15/11 and presents with left shoulder and low back pain, diabetes and hypertension. The current request is for PHYSICAL

THERAPY LOW BACK QTY 12. 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 treating physician states in his progress report dated 02/11/15, will request Workers compensation coverage for physical therapy treatments, which have been very beneficial in the past. The patient has participated in 5 physical therapy sessions between 01/17/14 and 02/06/14. On 02/11/15, the treating physician requested 12 PT sessions. Most recent PT note dated 02/06/14 states that the patient is doing better but tingling and aching in the lower leg persists. In this case, the patient may benefit from additional 4-5 sessions; however, the request for additional 12 sessions exceeds what is recommended by MTUS. There is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. This request IS NOT medically necessary.