

Case Number:	CM15-0046582		
Date Assigned:	03/18/2015	Date of Injury:	02/14/2014
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/11/2015

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:

This 36 year old man sustained an industrial injury on 2/14/2014. The mechanism of injury was not detailed. Diagnoses include lumbar spine strain with radicular complaints and disc protrusions. Treatment has included oral medications. Physician notes dated 1/22/2015 show moderate low back pain with stiffness. Recommendations include physical therapy for the lumbar spine and prescriptions for Flexeril, Ketoprofen, and Prilosec were given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: According to the 02/19/2015 report, this patient presents with "intermittent moderate low back pain" with numbness and tingling in the left calf with pain in the left toes when stepping on foot. The current request is physical therapy 2x4 weeks for the lumbar spine.

The request for authorization is on 02/25/2015. The patient's work status is to "remain off work until March 19, 2015." The Utilization Review denial letter states "This claimant complains of low back pain with radicular symptoms despite eight sessions of physical therapy." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Based on the provided reports for review, the treating physician states "The patient has only had eight physical therapy sessions, which he states were not intensive, and he was unable to gain strength due to the lightness of activities." In the case, the patient has had 8 physical therapy sessions with little improvement; the requested 8 additional sessions exceed what is allowed per MTUS. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.