

Case Number:	CM15-0047754		
Date Assigned:	03/19/2015	Date of Injury:	10/07/2008
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/13/2015

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 52-year-old male who sustained an industrial injury on October 7, 2008. According to the medical report dated November 25, 2014, the injured worker had flair up of back pain after a stressful situation at work. The injured worker was treated with Relafen, Flexeril, Lidocaine Patches, Ultracet, Tylenol, heat, rest, lumbosacral support, epidural steroid injection (ESI), cervical spine and lumbar spine X-rays and physical therapy (10 of 12 sessions completed). The injured worker was diagnosed with sprain thoracic and lumbosacral region. According to the primary treating physician's progress report on January 27, 2015, the injured worker had improved as expected. The injured worker may return to usual work status. There was no reported physical examination. Current medications are listed as Relafen, Flexeril, Ambien and Ultracet. Treatment plan included the request for physical therapy (6) sessions for the back and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The 52-year-old patient has been diagnosed with thoracic sprain/strain, lumbar sprain/strain, and backache, as per progress report dated 11/25/14. The request is for PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEK. There is no RFA for this case, and the patient's date of injury is 10/07/08. The patient has tenderness to palpation in the lumbar and thoracic spine along with decreased range of motion. The patient has been allowed to return to work, as per the same progress report. 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 one progress report dated 11/25/14 has been provided, and it is handwritten and mostly illegible. The progress report does not discuss the request nor does it document prior physical therapy. The UR denial letter, however, states that the patient has already been authorized for 12 sessions of PT. The treating physician does not document the impact of these sessions on pain and function. Additionally, MTUS only allows 8-10 visits in non-operative cases, and the treating physician's request for 6 additional sessions exceeds that recommendation. Hence, the request IS NOT medically necessary.