

Case Number:	CM15-0060301		
Date Assigned:	04/06/2015	Date of Injury:	03/18/2013
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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, Hawaii
 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 26 year old male sustained an industrial injury to the low back on 3/18/13. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, acupuncture, home exercise and medications. In a visit note dated 2/6/15, the injured worker complained of pain 2/10 on the visual analog scale to the low back. The injured worker reported that his pain frequently increased to 5/10. The injured worker had returned to work on modified duty. Current diagnoses included lumbar spine sprain/strain, lumbar spine disc bulge, lumbar spine radiculopathy, sacroiliac dysfunction, adjustment reaction with depression and anxiety, chronic pain and disability with delayed functional recovery, lumbar facet arthropathy, rotary scoliosis, insomnia and sacroiliac sprain/strain. The treatment plan included continuing medications (Neurontin, Tizanidine and Ultracet).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar Spine, twice a week for eight weeks: Upheld

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

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

Decision rationale: The patient presents with low back pain. The current request is for Physical Therapy for the Lumbar Spine, twice a week for eight weeks. The treating physician states, "Patient rates his pain as 2 on a scale of 0 to 10 with 10 having the worst pain possible and 0 having no pain at all. The pain occurs intermittently. His pain increases to 5, frequently. Patient denies any new symptoms. He has not tried any new form of therapy. The patient is taking his medication as prescribed. He states that medication is helping. Patient is referred to Physical Therapist 2X8 CORE STRENGTHENING AND GENERAL CONDITIONING." (A.20) The MTUS guidelines indicate that PT is recommended: Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the current request is for a total of 16 sessions over an eight-week period. This request fits the timeframe allowed by the MTUS guidelines, but the quantity requested is far beyond what is allowed by the guidelines. The current request is not medically necessary and the recommendation is for denial.