

Case Number:	CM14-0116413		
Date Assigned:	09/22/2014	Date of Injury:	04/04/2011
Decision Date:	10/21/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40 years old male with an injury date on 04/04/2011. Based on the 07/07/2014 progress report provided by [REDACTED], the diagnoses are: 1. DDD of lumbar or lumbosacral. 2. Displacement of lumbar disc without. According to this report, the patient complains of low back pain with tenderness. Range of motion is slightly limited. The 06/09/2014 report indicates "the patient is doing fine." Physical exam finding were normal/improved. There were no other significant findings noted on this report. The utilization review denied the request on 07/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/07/2014 to 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the 07/07/2014 report by Dr. Farr this patient presents with back pain with tenderness. The treater is requesting 8 additional physical therapy sessions. For

physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of records show that the patient has had 22 physical therapy sessions from 01/31/2014 to 05/16/2014. The 05/16/2014 physical therapy progress note indicates the patient's "has no pain in his pain back"; visits #22. Given that the patient has had 22 sessions recently, the requested 8 additional sessions exceed what is allowed per MTUS. The request is not medically necessary.