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| Case Number: | CM14-0119948 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 01/13/2014 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 07/16/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 35 year old male with date of injury of 01/13/2014. The listed diagnoses per [REDACTED] from 06/09/2014 are: 1. Low back pain 2. Lumbosacral disc degeneration facet, mediated pain lumbar According to this report the patient complains of moderate constant lower back pain that is axial. He has daily constant deep throbbing and stiffness that is worse when he is walking bending or lifting. The patient notes that his pain is less stabbing and shooting now that he is not working, but otherwise, he is not better. He reports radiation to the area just below the scapula up to three times a week with throbbing and spasms. The patient is not active. The physical exam shows the patient is well nourished well developed in no acute distress. The patient ambulates without a device. His gait is normal. Range of motion is restricted in the lumbar spine. Tenderness was noted in the vertebral muscles of both sides of the lumbar spine with spasms. Muscle strength examination reveals normal tone, power, and nutrition of the muscles. Sensory examination was normal. The utilization review denied the request on 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 2 x3 visits for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Physical Therapy

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

Decision rationale: This patient presents with low back pain. The provider is requesting six additional Physical Therapy visits for the lumbar spine. The MTUS guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating that the patient received 12 Physical Therapy visits recently which has not helped. The MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. The 02/26/2014 report notes that the patient has completed a total of six physical therapy visits. The 03/27/2014 report notes that the patient continues to complain of lower back pain and tightness. No new numbness tingling or weakness was reported. In this case, the patient does not report any functional improvement while utilizing physical therapy. Furthermore, the requested 6 sessions when combined with the previous 12 that the patient received would exceed MTUS recommendations. Therefore, this request is not medically necessary.