

Case Number:	CM14-0124680		
Date Assigned:	09/25/2014	Date of Injury:	01/22/2014
Decision Date:	10/27/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/06/2014

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 28-year-old female with an injury date of 01/22/2014. According to the 09/08/2014 progress report, the patient complains of having intermittent dull, sharp pain radiating to her bilateral hips. The patient has lower back pain with heel walk and she has lower back pain with left hip flexor testing. She has positive spasms to the lumbar spine and mild sciatic notch tenderness. The 09/08/2014 x-ray of the lumbar spine revealed slight disk space narrowing at L4-L5. The 07/07/2014 report indicates that the patient has limited range of thoracolumbar motion as well. The patient's diagnoses include the following: 1. Lumbosacral sprain/strain. 2. Abductor strain. 3. Sacroiliitis. The utilization review determination being challenged is dated 09/19/2014. Treatment reports were provided from 02/04/2014 - 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resubmit - Continued physical therapy (lumbar) 3x3 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 states that for myalgia and myositis Page(s): 98-99.

Decision rationale: Based on the 09/08/2014 progress report, the patient complains of having dull, sharp pain radiating to her bilateral hips. The request is for a continued physical therapy (lumbar) 3x3 weeks. The 06/12/2014 report states, "Physical therapy had been helping." There is no indication of how many total sessions of physical therapy the patient has had, or when these sessions took place. MTUS Guidelines pages 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended over 4 weeks. There is no discussion provided as to why the treating physician was requesting for an additional 9 sessions physical therapy. It is unknown how many sessions of physical therapy the patient has had total prior to his request; therefore, the patient may have already exceeded the limit of sessions MTUS allows. Due to lack of documentation of the number of previous physical therapy sessions, this request is not medically necessary.