

Case Number:	CM14-0130809		
Date Assigned:	08/20/2014	Date of Injury:	07/10/1997
Decision Date:	09/19/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 60 years old male with an injury date on 07/10/1997. Based on the 07/29/2014 progress report provided by [REDACTED], the diagnoses are: 1. Post lumbar laminect syndrome. 2. Lumbar facet syndrome. 3. Spinal stenosis lumbar. According to this report, the patient complains of lower backache. Pain levels remain unchanged since last visit. The patient has had 5/6 session of physical therapy and finds it helpful. The patient does "his HEP on a regular basis." Tenderness is noted at the cervical and lumbar paraspinals muscles, bilaterally. Lumbar range of motion is restricted. Lumbar facet loading is positive bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 08/04/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/2014 to 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration.

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

Decision rationale: According to the 07/29/2014 report by [REDACTED] this patient presents with lower backache. The provider is requesting 6 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 reports show the patient had 5/6 sessions authorized from 02/10/2014 to 07/29/2014. The provider does not mention why additional therapy is needed other than to continue therapy based on the patient's complaints. Given that the patient already had 6 authorized, the requested 6 additional sessions exceed what is allowed by MTUS guidelines. This request is not medically necessary.