

Case Number:	CM14-0142801		
Date Assigned:	09/10/2014	Date of Injury:	12/14/2012
Decision Date:	10/30/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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 57 year old male with an injury date of 12/14/2012. According to the 08/11/14 progress report, the patient complains of lumbar spine pain. He has difficulty with prolonged activities and with walking. He has difficulty "changing positions and getting onto the examining table." In regards to the lumbar spine, there is tenderness in the lumbar, paraspinous regions. Motion is restricted and causes pain. There is guarding with motion and muscle spasms are present. The patient's diagnoses include the following: 1. Lumbar muscle sprain; 2. Lumbar spondylosis. [REDACTED] is requesting for physical therapy for the lumbar spine 2 x 3 to improve his activity tolerance/strength. The utilization review determination being challenged is dated 08/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 03/26/14- 08/11/14.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114,, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Physical Therapy Guidelines (Lumbar)

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

Decision rationale: The patient presents with lumbar spine pain. The request is for physical therapy for the lumbar spine 2 x 3 to improve his activity tolerance/strength. Review of the reports provided do not mention any recent surgeries the patient may have had. The utilization review letter states "the patient completed 18 sessions of PT since January of 2014." MTUS guidelines pages 98-99 under Physical Medicine allow 9-10 visits over 8 weeks for myalgia and myositis. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are allowed. In this case, the patient has already had 18 sessions of therapy. An additional 6 sessions would exceed what is recommended by MTUS guidelines. Therefore, the request is not medically necessary.