

Case Number:	CM14-0149145		
Date Assigned:	09/18/2014	Date of Injury:	03/10/2014
Decision Date:	10/17/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 54 year old female with an injury date of 03/10/14. Based on the 08/22/14 progress report provided by [REDACTED] the patient complains of bilateral low back pain rated 8/10. Patient reports pain got so severe she had difficulty walking after working. Pain is aggravated by bending and lifting. Physical examination to the lumbar spine reveals tenderness and pain to palpation. Range of motion is normal. Motrin seems to help with the pain. Patient responds well to physical therapy. She does her home exercise program. Patient completed 5 physical therapy visits to date. Diagnosis 08/22/14- lumbar muscle strain Dr. [REDACTED] is requesting Physical Therapy two times a week for three weeks for a total of six sessions. The utilization review determination being challenged is dated 08/29/14. The rationale is "patient already had 5 physical therapy sessions and the medical necessity for further physical therapy that would address functional improvement is not apparent." [REDACTED] is the requesting provider, and she provided treatment reports from 03/17/14 - 09/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy two times a week for three weeks for a total of six sessions:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 08/22/14), Physical therapy (PT)

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

Decision rationale: Patient presents with bilateral low back pain rated 8/10. The request is for Physical Therapy two times a week for three weeks for a total of six sessions. Patient reports pain got so severe she had difficulty walking after working. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per provider report dated 08/22/14, patient already had 5 sessions, does her home exercise program and responds well to physical therapy. In this case, the provider has asked for 6 total sessions of physical therapy. Per guideline indication of up to 10 session, the request seems reasonable. Recommendation is medically necessary.