

Case Number:	CM14-0156655		
Date Assigned:	09/25/2014	Date of Injury:	03/19/2011
Decision Date:	11/21/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Practice, has a subspecialty in Preventative Medicine 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:

This 27 year old male claimant sustained a work injury on 3/19/11 involving the low back. He was diagnosed with lumbar disc disease and myelopathy. He had completed at least 12 sessions of physical therapy by July 2014. A progress note on 7/21/14 indicated the claimant had continued 6/10 back pain. He had been using oral analgesics and encouraged to exercise and walk at home. He had been using a Transcutaneous Electrical Nerve Stimulation (TENS) Unit. Exam findings were notable for an antalgic gait and a positive straight leg raise test. He was requested to continue physical therapy. A request in September 2014 was made recently to add an addition 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for three weeks (2x3) Lumbar: Upheld

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

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or

less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks In this case, the claimant had already received at least 12 sessions of therapy. The claimant was encouraged to participate in exercises. There is no indication why a home-based exercise program cannot be followed. Additional therapy in the quantity requested is not supported by the guidelines and is not medically necessary.