

Case Number:	CM14-0162476		
Date Assigned:	10/07/2014	Date of Injury:	01/09/2014
Decision Date:	11/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/02/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 45-year-old female who reported an injury of unspecified mechanism on 01/09/2014. On 08/21/2014, her diagnoses included left sacroiliac joint sprain, lumbosacral sprain, intermittent left lower extremity radiculopathy, and history of L4-5 and L5-S1 disc protrusions. The treatment plan included a request for an additional 12 sessions of physical therapy for the lumbar spine. On 05/29/2014, it was noted that she had completed 6 out of 8 requested sessions of aquatic therapy, and the treatment plan included a request for 8 more. She reported at least a 70% relief of discomfort with the pool therapy and medications. The progress note on 08/21/2014 stated that since discontinuing her physical therapy, she noted a recurrence of her right sided sciatic pain and left sided low back and buttock symptoms. She relied on her medications and pool therapy to help alleviate her symptoms. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 weeks for the low back: 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: The request for physical therapy 2x6 weeks for the low back is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Injured workers are expected to continue active therapies at home. The physical medicine guidelines 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 recommended schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. The documentation submitted revealed that this worker had completed 12 sessions of aquatic therapy. The guidelines recommend 9 to 10 visits. There is no indication the injured worker could not progress to a home exercise program at this time. No extenuating factors were noted to support the request for 12 additional sessions beyond the guideline recommendations. Therefore, this request for physical therapy 2x6 weeks for the low back is not medically necessary.