

Case Number:	CM14-0210026		
Date Assigned:	12/23/2014	Date of Injury:	06/07/2006
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 62-year-old male with an injury date on 06/07/2006. Based on the 11/25/2014 progress report provided by the treating physician, the diagnoses are Lumbar spondylosis and Low back pain. According to this report, the patient complains of right lateral leg pain and "an increase in the frequency of very low low back pain which is worse with sitting. This pain has been going on for approximately a week." Physical exam finding were not included in this report. The treatment plan is to "begin a course of physical therapy for core stabilization, strengthening, stretching, and iliotibial stretching" and will follow up in 3 month. The 10/14/2014 report indicates the patient "is back to work, although at modified duty." Per treating physician, MRI of the lumbar spine reveals residual foraminal stenosis at right L5-S1 and left L3-L4. There were no other significant findings noted on this report. The utilization review denied the request for physical therapy x 6 on 12/08/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 08/26/2014 to 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 6 Weeks to The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 8;98-99.

Decision rationale: According to the 11/25/2014 report, this patient presents with right lateral leg pain and low back pain. The current request is for physical therapy 2 times a week for 6 weeks to the lumbar spine "for core stabilization, strengthening." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In reviewing the provided records show not therapy report and patient's treatment history. There is no documentation of flare-up or a new injury to warrant formalized therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.