

Case Number:	CM14-0210274		
Date Assigned:	12/23/2014	Date of Injury:	08/10/2008
Decision Date:	02/19/2015	UR Denial Date:	11/18/2014
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 female with an injury date of 08/10/08 Based on the 05/12/14 progress report provided by treating physician, the patient complains of ongoing left-sided axial low back pain rated at 4/10. Physical examination to the lumbar revealed tenderness to palpation at the iliac crest level and lower approximately at the L4-5 and L5-S1 level on the left. Lumbar extension was more painful than flexion. Straight leg raise was negative. Patient had left L3, L4 and L5 medial branch radiofrequency neurotomy. Patient's current medication include Ultracet. Per treater report dated 10/29/14, the patient is working at a part-time capacity full duty. Diagnosis (10/15/14- Chronic low back pain The utilization review determination being challenged is dated 11/18/14. The rationale follows: "Based on the case discussion with the provider, the request is modified to one session as she has recently received an RFA and would benefit from updating and being re-educated in a home exercise program. Treatment reports were provided from 05/12/14 to 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 4 visits: Overturned

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

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

Decision rationale: The patient presents with ongoing left-sided axial low back pain rated at 4/10. The request is for physical therapy x 4 visits. Patient had left L3, L4 and L5 medial branch radiofrequency neurotomy. Patient's current medications include Ultracet. Patient is currently working part-time full duty. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home 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." Per progress report dated 10/29/14, treater is requesting physical therapy to work on lumbar core stabilization. There is no discussion regarding treatment history and why therapy is needed. There is no discussion regarding how the patient responded to therapy in the past and number of previous sessions. However, the patient recently underwent RF ablation treatment and a short course of therapy appears reasonable. The request is medically necessary.