

Case Number:	CM14-0211092		
Date Assigned:	12/23/2014	Date of Injury:	10/25/2013
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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 29-year old male with an injury date on 10/25/13. The patient complains of lower back pain per 11/4/14 report. The pain is rated 5/10 on the VAS scale per 10/14/14 report. The patient also describes a burning pain radiating to the right ankle that is constant and worse with bending/walking long distances and better with exercises per 10/6/14 report. The right ankle pain has associated weakness per 10/6/14 report. Based on the 11/4/14 progress report provided by the treating physician, the diagnosis is lower back pain. A physical exam on 11/4/14 showed "L-spine range of motion decreased by 50%. Straight leg raise positive. The patient's treatment history includes medications, TENS unit, home exercise program. The treating physician is requesting 6 physical therapy sessions. The utilization review determination being challenged is dated 12/11/14. The requesting physician provided treatment reports from 6/6/14 to 11/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Sessions: Overturned

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: This patient presents with lower back pain. The treater has asked for 6 PHYSICAL THERAPY SESSIONS on 11/4/14. Review of records from 6/6/14 to 11/4/14 do not show evidence of recent physical therapy. The utilization review letter dated 12/11/14 state that an 11/18/13 request for authorization showed a request for physical therapy x 9 sessions. The treater does not provide a rationale for the requested physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgia and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. Considering the patient has not had recent physical therapy, the requested 6 sessions of physical therapy are reasonable for patient's ongoing back pain. The request IS medically necessary.