

Case Number:	CM14-0215299		
Date Assigned:	01/02/2015	Date of Injury:	08/22/2014
Decision Date:	03/04/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 & Rehabilitation, Pain Management

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's original date of injury was August 22, 2014. The industrial diagnoses include low back pain, lumbar radiculopathy, and lumbar disc this placement. The patient has attended four sessions of physical therapy today. Patient has documentation on examination of gait abnormality, positive straight leg raise sign, and reduction in range of motion. The disputed request is for an additional nine sessions of physical therapy. A utilization review determination on December 10, 2014 had denied this request. The rationale for this was that the patient has attended a reasonable number of physical therapy visits and there is "no clinical information that warrants the continuation of physical therapy for an extended period of time."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy three times a week for three weeks for the lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. It is noted that the utilization review determination is incorrect in assuming that 1 to 2 visits of physical therapy is considered a reasonable number of visits. In the case of injured worker, the date of injury is remote and the patient has undergone 4 sessions of PT thus far. The MTUS specifies for 10 visits for neuritis or myalgia, and therefore the request for additional 9 visits would total to 12 visits of physical therapy, which exceeds guidelines. Unfortunately, the independent medical review process cannot modify requests. There is no documentation of any extenuating circumstance of why the patient would require additional formal PT at this juncture without an attempt at self-directed home exercises. Therefore additional physical therapy as originally requested is not medically necessary.