

Case Number:	CM14-0218524		
Date Assigned:	01/08/2015	Date of Injury:	06/14/2006
Decision Date:	03/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old male injured on 6/14/2006. The records did not indicate the mode of injury. He was diagnosed with degenerative disc disease, low back pain (LBP), facet pain and lumbosacral spondylosis. As per the procedure reports, he underwent bilateral L4 and L5 medial branch nerve blocks on 8/7/2014 and radiofrequency ablations at these levels on 9/24/2014 for chronic LBP that radiated to the bilateral buttocks; he had 80% pain improvement. This was followed by a course of physical therapy. The request is for physical therapy 12 visits. The Utilization Review on 12/4/2014 non-certified 12 physical therapy visits citing CA MTUS recommendations that there should be evidence of additional conservative care in addition to facet joint therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits: 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): 98-99.

Decision rationale: The patient presents with low back pain and describes his pain as dull/achy at baseline and sharp/stabbing upon standing and walking. The request is for 12 PHYSICAL THERAPY VISITS. The report with the request is not provided. MTUS page 98 and 99 has 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 page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The utilization review denial letter states that the patient has already had 12 visits of physical therapy. There is no indication on when these sessions took place or how these sessions impacted the patient's pain and function. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, an additional 12 sessions of therapy to the 12 sessions the patient has already had exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy IS NOT medically necessary.