

Case Number:	CM15-0000658		
Date Assigned:	01/12/2015	Date of Injury:	05/10/2005
Decision Date:	03/13/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/02/2015

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:

The injured worker is a 46 year old female, who sustained an industrial injury on 05/10/2005. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with lumbar five to sacral one herniated disc and chronic low back pain. Treatment to date has included at least eight prior sessions of physical therapy, acupuncture, use of Tiger Balm, use of heat and ice, use of a transcutaneous electrical stimulation unit, and an oral medication regimen. Currently, the injured worker has complaints of pain to the lumbar spine that is rated two on the ten point scale that can increase to an eight or a nine. The pain is noted to radiate to the bilateral lower extremities and when pain is severe the injured worker also noted occasional mild abdominal pain and groin pain. The treating physician requested physical therapy with follow up to increase the injured worker's range of motion and muscle strengthening. On 12/19/2014 Utilization Review non-certified a referral for physical therapy twice a week for four weeks (2X4 weeks) and follow up, noting the California MTUS, ACOEM Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral physical therapy twice a week for four weeks (2 x 4 weeks) and follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with lumbar spine pain with mild abdominal and groin pain. The treater is requesting referral PHYSICAL THERAPY, TWICE A WEEK FOR 4 WEEKS, 2X4 WEEKS AND FOLLOWUP. The RFA was not provided for review. The patient's date of injury is from 05/10/2005 and her current work status is TTD. The MTUS Guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. For follow ups, The ACOEM Guidelines page 341 supports orthopedic followup evaluations every 3 to 5 days whether in-person or telephone. The 12/09/2014 physical therapy reports show that the patient reports 1/10 to 3/10 pain levels in the low back. The patient has improved 70% towards her overall goal, and she continues to demonstrate gains and functional mobility. The 12/11/2014 physical therapy reports show visit #8. She reports 60% to 70% improvement towards her overall goal, and she continues to progress with therapy. There is no discussion as to why additional therapy is being requested by the treater. In this case, while follow up evaluations are supported by the guidelines, the current request for PHYSICAL THERAPY TWICE A WEEK FOR 4 WEEKS, 2X4 WEEKS would exceed MTUS Guidelines. The patient should now be able to transition into a home exercise program to improve strength and mobility. The request IS NOT medically necessary.