

Case Number:	CM15-0102648		
Date Assigned:	06/05/2015	Date of Injury:	06/01/2005
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on June 1, 2005. The injured worker was diagnosed as having cervical strain and lumbar herniated nucleus pulposus (HNP). Several documents within the submitted medical records are difficult to decipher. Treatment to date has included epidural steroid injection and physical therapy. A progress note dated April 20, 2015 provides the injured worker complains of back pain. She reports after her last epidural steroid injection and with physical therapy, her pain is essentially gone. She reports she has some tightness and spasm. Physical exam notes lumbar tenderness on palpation. The plan includes continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy; twelve (12) sessions (2x6): 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 recommended number of physical therapy sessions for myalgia is 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. Although passive modalities may be beneficial initially, the role of physical therapy is not to provide ongoing passive modalities for pain control but to establish an active home exercise program in which the patient can continue to maintain and improve function and pain control independently. Physical therapy beyond these guidelines should be supported by evidence of progress in physical therapy and a rational explanation of why excessive physical therapy is needed. In this case, neither is present in the documentation. Therefore, the request is not medically necessary.