

Case Number:	CM15-0010090		
Date Assigned:	01/27/2015	Date of Injury:	02/09/2009
Decision Date:	03/17/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 34 year old female, who sustained an industrial injury on February 9, 2009. She has reported low back pain traveling to right leg and foot. The diagnoses have included chronic pain, major depressive disorder single episode, generalized anxiety disorder Treatment to date has included epidural steroid injection, acupuncture, aquatic therapy, self-guided exercise , electrical muscle stimulation and oral medications Currently, the IW complains of anxiety, low back and leg pain. Treatment includes epidural steroid injection, electromyogram, nerve conduction study and oral medications. On December 31, 2014 utilization review modified a request for physical therapy 2Xweek X6 weeks. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6: 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) Treatment in Workers Compensation (TWC); Low Back Procedure Summary (updated 11/21/14)

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

Decision rationale: Physical Therapy 2 x 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The guidelines recommend a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommend for myalgia and myositis, unspecified 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. The request as written does not indicate a body part that the therapy is for. Furthermore, it is not clear how much therapy the patient has had in the past and why she cannot participate in a self-directed home exercise program. The ODG states that patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). The request exceeds the guideline recommendations and without clarification of total prior therapy the patient has had or the body part specified on the request this cannot be certified.