

Case Number:	CM15-0015491		
Date Assigned:	02/03/2015	Date of Injury:	10/03/2008
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/27/2015

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, Hawaii

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 44 year old female sustained a work related injury on 10/03/2008. According to a progress report dated 12/16/2014, the injured worker continued to have pain. The provider noted that that a trial of physical therapy should be offered. Current medications included Norco, Ibuprofen and Paxil. Diagnostic impression included depressive disorder not elsewhere classified, left shoulder pain, myofascial pain syndrome, lumbar degenerative disk disease and radicular syndrome of lower limbs. Requested services included physical therapy 12 visits for low back pain with radiculopathy, return to clinic in three months and refill medications. On 01/23/2015, Utilization Review non-certified physical therapy for the low back 3 x 4. According to the Utilization Review physician, in the absence of documented objective functional limitations, physical therapy would not be indicated. CA MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine was cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 week, Lumbar Spine: 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 with lower extremity radiculopathy. The current request is for physical therapy 3 x 4 weeks, lumbar spine. The treating physician states, "A trial of physical therapy should be offered to the patient to help her maintain through this waiting period." The MTUS guidelines state that physical medicine is recommended and can provide short-term relief in the early phases of pain treatment. Physical medicine guidelines are, "Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks." In this case, the treating physician has requested 12 physical therapy visits, which is exceeding the recommended guidelines. Furthermore, the treating physician has not provided documentation as to why there is a request for a "trial" of physical therapy in an injury that is six years old. There are no new injuries documented. The current request is not medically necessary and the recommendation is for denial.