

Case Number:	CM15-0120603		
Date Assigned:	07/01/2015	Date of Injury:	10/02/2013
Decision Date:	08/04/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/24/2015

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 40 year old male who sustained an industrial injury on 10/21/13. He had complaints of lower back pain. Treatments included medication, back brace and physical therapy. Progress note dated 6/9/15 reports continued complaints of pain in the lumbar spine rated 3/10 and the thoracic spine rated 6/10. He is having tingling in both feet. Diagnoses include: thoracic spine arthralgia and lumbago. Plan of care includes: authorization for MRI of thoracic spine and continue physical therapy. Work status is temporary total disability. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic low and mid back pain. The current request is for Physical therapy 2 times a week for 4 weeks for the lumbar spine. The RFA is dated 06/15/15. Prior treatments included medication, back brace and physical therapy. The patient is temporary total disability. The MTUS Chronic Pain Management Guidelines, pages 98, 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to progress report 03/15/15, the patient had 9 PT sessions so far "which provided some benefit." Physical therapy Evaluation report dated 04/21/15 noted that the patient has completed 5 PT sessions with 6 "auth visits remaining." Report 04/28/15 recommended the patient to continue with therapy. Per report 06/09/15, the patient presents with low back pain with tingling to the bilateral feet. There is tenderness in the thoracic and lumbar spine with stiffness and muscles spasms noted. The treater recommended additional 8 PT sessions. In this case, the treater has not provided a discussion on why this patient would not be able to transition into a self-directed home exercise program. In addition, the patient has been authorized 20 PT sessions and the requested additional 8 sessions exceed what is recommended by MTUS. This request is not medically necessary.