

Case Number:	CM15-0127941		
Date Assigned:	07/14/2015	Date of Injury:	09/29/2014
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/02/2015

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 38-year-old male, who sustained an industrial injury on 9-29-2014. Diagnoses have included lumbar spine sprain/strain, back contusion, thoracic or lumbosacral neuritis or radiculitis unspecified and lumbago. Treatment to date has included physical therapy and medication. According to the progress report dated 4-14-2015, the injured worker reported that physical therapy was helpful. Physical exam revealed a normal gait. There was tenderness to palpation to the low back. The physical therapy note dated 5-19-2015 (visit number nine) documents that the injured worker reported good improvement while attending, but was not able to replicate the exercises at home. Authorization was requested for physical therapy twice a week for three weeks for the lumbar spine.

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 x 3 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

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

Decision rationale: This patient presents with mid and low back pain. The current request is for Physical therapy 2 times a week x 3 weeks, lumbar spine. The RFA is dated 06/17/15. Treatment to date has included physical therapy and medication. The patient is to return to modified duty. 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 the progress report 04/14/15, the patient reported that physical therapy was helpful. Physical examination revealed a normal gait, and tenderness to palpation to the lower back. Physical therapy progress note dated 5/19/2015 reports patient is making good improvement while attending, but was not able to replicate the exercises at home. He has completed 9 visits thus far. Recommendation was made for physical therapy twice a week for three weeks for the lumbar spine. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the requested additional 6 sessions with the 9 already received exceeds MTUS recommendation of 9-10 visits. This request is not medically necessary.