

Case Number:	CM15-0042523		
Date Assigned:	03/12/2015	Date of Injury:	11/29/2014
Decision Date:	04/22/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/06/2015

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:

This 46 year old sustained an industrial injury to the low back on 11/29/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy and medications. In an orthopedic consultation dated 2/12/15, the injured worker complained of mild low back pain with radiation to bilateral lower extremities resulting in decreased mobility and difficulty going to sleep. The injured worker also complained of intermittent bilateral groin pain. Physical exam was remarkable for normal gait, no tenderness to palpation to the lumbar spine, mildly restricted lumbar range of motion and intact neurovascular exam. Current diagnoses included lumbago, lumbar sprain/strain and pain in joint involving pelvic region and thigh. The treatment plan included continuing physical therapy twice a week for six weeks and medication (Etodolac 500 mg twice a day).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 02/26/2015 report, this patient presents with intermittent 3/10 low back pain. The current request is for Physical therapy 2-x week x 6 weeks. The request for authorization is not included in the file for review. The patient's work status is to "remain off from work until March 12th, and then return to light-duty work." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the provided reports show no documentation that the patient is in a post-operative time frame regarding physical therapy for the lumbar spine. The provided reports indicate that the patient has completed 6 sessions of physical therapy on 12/30/2014 with pain at a 5/10. In this case, the patient has had 6 sessions recently, the requested 12 additional sessions exceed what is allowed per MTUS. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.