

Case Number:	CM15-0077632		
Date Assigned:	04/29/2015	Date of Injury:	08/07/2014
Decision Date:	05/28/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/23/2015

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: Internal Medicine, Rheumatology

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, female who sustained a work related injury on 8/7/14. The diagnoses have included subacute cervical strain/sprain, subacute thoracic sprain/strain with possible thoracic radiculitis, subacute lumbar sprain/strain, cervical radiculitis and lumbar radiculitis. The treatments have included physical therapy, medications and work duty modifications. In the PR-2 dated 3/19/15, the injured worker complains of neck, mid back and lower back pain. She has radiating pain down both arms with intermittent numbness and tingling. The treatment plan is additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: This 40 year old female has complained of low back pain since date of injury 8/7/14. She has been treated with physical therapy and medications. The current request is for physical therapy 2 x 4 for the lumbar spine. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The patient has already had one course of physical therapy. The medical necessity for continued passive physical therapy is not documented. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. Physical therapy 2 x 4 is not indicated as medically necessary.