

Case Number:	CM13-0036478		
Date Assigned:	04/25/2014	Date of Injury:	11/27/2012
Decision Date:	06/11/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old with an injury date on 11/27/12. Based on the 8/22/13 progress report provided by the provider, the diagnosis is L5-S1 large disc herniation of 7mm compressing S1 nerve root. The exam on 8/22/13 showed limited range of motion of L-spine. Tenderness and hypertonicity over paraspinal muscles bilaterally. Straight leg raise positive at 60 degrees to posterior thigh on left. Sensation normal in L4 nerve distribution and decreased in L5 and S1 nerve distribution on left side." A review of records show patient completed 12 sessions of physical therapy per 8/22/13 report. The provider is requesting 12 sessions of physical therapy for the L-spine 2 times a week for 6 weeks. The utilization review determination being challenged is dated 9/16/13. The provider is the requesting provider, and he provided treatment report from 8/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY FOR THE LUMBAR SPINE 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the 8/22/13 report by the provider, this patient presents with "pain affecting back, bilateral lower extremities and legs. Reports of improvement in pain level from 3/10 to 1/10 "after using Bio-Therm topical cream." The request is for 12 sessions of physical therapy for the L-spine 2 times a week for 6 weeks. A review of 8/22/13 report shows patient has completed 12 sessions of physical therapy which helped symptoms, decreased pain and improved range of motion. The MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. It would appear that the patient has had adequate therapy for the lumbar spine condition thus far. There is no explanation as to why additional therapy is required. The patient should be able to transition in to a home exercise program. The request for 12 additional physical therapy sessions exceeds MTUS guidelines. The recommendation is for denial.