

Case Number:	CM13-0037187		
Date Assigned:	12/13/2013	Date of Injury:	05/31/2013
Decision Date:	02/10/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 36-year-old male who reported an injury on 04/23/2013. The patient is diagnosed with left L5 lumbar radiculopathy and left greater trochanteric bursitis. The patient was seen by [REDACTED] on 08/06/2013. Physical examination revealed normal gait, tenderness to palpation over the lumbar paravertebral area with moderate spasm, tenderness over the paraspinous muscles over the lower lumbar spine, tenderness over bilateral sacroiliac joints, decreased range of motion, and negative straight leg raising. Treatment recommendations included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physiotherapy sessions to the lower spine, modified to a certification of 6 physiotherapy sessions to the lower spine between 7-24-2013 to 10-25-2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. Treatment for myalgia and myositis includes 9 visits to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis unspecified includes 8 visits to 10 visits over 4 weeks. As per the clinical notes submitted, the patient has completed a course of physical therapy. Documentation of the previous course of therapy with treatment duration and efficacy was not provided for review. Additionally, the current request for 12 physiotherapy sessions to the lumbar spine exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.