

Case Number:	CM13-0039111		
Date Assigned:	01/15/2014	Date of Injury:	10/13/2012
Decision Date:	04/11/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/02/2013

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:

This is a 58 year old male who was injured on 10/13/12. He has been diagnosed with lumbar sprain, with 5-6mm disc protrusion at L5/S1 with chronic right L5 radiculopathy; chronic bilateral L5 nerve root irritation per EMG/NCV from 1/5/13; 4-mm bulge at L4/5, 6/5mm bulge at L5/S1 with moderate bilateral recess stenosis and moderate bilateral foraminal stenosis per 9/21/12 MRI; and hearing loss. According to the 8/12/13 report from [REDACTED], the patient presents with low back pain. He had just completed 3 of 8 PT sessions and notes decreased pain and improved ROM, and is able to sit longer without pain. [REDACTED] requests another course of PT x8 in addition to the 5 remaining visits from the prior authorization of 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR THE LUMBAR SPINE TWICE PER WEEK FOR 4 MORE WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to the medical records provided for review, the patient has completed 3 PT sessions of the 8 that were authorized and had decreased pain, improved motion and increased tolerance for sitting. The physician requested an additional 8 sessions of PT. The MTUS Chronic Pain Guidelines recommend 8-10 sessions of PT for various myalgias and neuralgias. The patient was already approved for 8 sessions, of which he had only completed 3, when the request for an additional 8 sessions was provided. The requested 8 sessions when combined with the 8 sessions of PT that were already approved, will exceed the MTUS Chronic Pain Guidelines' recommendations. The request is therefore not medically necessary and appropriate