

Case Number:	CM13-0051039		
Date Assigned:	12/27/2013	Date of Injury:	11/19/2012
Decision Date:	04/02/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/13/2013

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 & Rehabilitation 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 35 year old male who reported injury on November 19, 2012 while pulling out a trash bin. Prior treatment has included eight physical therapy visits sometime in December 2012 as well as from September 2013 to October 2013 and June 2013 to July 2013, prescription medication and an injection. Diagnostic studies performed include a MRI of the lumbar spine without contrast formed December 19, 2012 which revealed a 2 mm central protrusion and annular tear at L5-S1. EMG/NCV of the lower extremities performed February 12, 2013 revealed a normal study. A separate EMG/NCV performed February 6, 2013 revealed evidence of a chronic left S1 radiculopathy. On October 23, 2013 a request was received for physical therapy two times a week for six weeks for the lumbar spine. Patient complaints included low back pain that was constant at a 7/10 radiating to the left leg with numbness to both feet. Objective findings on examination showed a mild limp favoring the left; limited range of motion; tenderness to the lumbar spine and a positive straight leg raise left greater than right. Documented pain from the beginning of physical therapy in June was rated at 5/10, in July it was a 7/10 and October a 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions 2x6 for treatment of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines the patient has received adequate amount of physical therapy without documented benefit. Physical medicine guidelines allow for fading of treatment frequency from up to three visits per week to one or less plus an active self-directed home physical medicine. Guidelines for radiculitis include 8 to 10 visits over four weeks which the patient has already obtained. Therefore, the request is not certified.