

Case Number:	CM13-0053976		
Date Assigned:	12/30/2013	Date of Injury:	11/24/2011
Decision Date:	03/14/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/13/2013

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 Family Practice, and is licensed to practice in Texas. 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 female who reported an injury on 11/24/2011. The mechanism of injury was not provided. The patient was noted to have pain in the lower back and down the left leg. The patient was noted to have requested epidural steroid injections with physical therapy following the epidural steroid injections. The patient was noted to have radicular symptoms down the left leg with pain that had stayed the same. The physician's diagnosis was noted to be lumbar disc herniation with radiculopathy. The request was made for epidural steroid injections followed by physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 times a week for 4 weeks, for the lumbar spine: 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: California MTUS states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue

injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated that the patient had 12 sessions of physical therapy previously. However, the request for physical therapy was stated to be for the purpose of post epidural steroid injection. As such, secondary guidelines were sought. Per Official Disability Guidelines, physical therapy treatment post ESI would be to emphasize the home exercise program, and the requirement would generally be included in the currently suggested maximum visits for the underlying condition and up to 2 visits over 1 week post injection. The request for 12 additional visits would be excessive. Given the above, the request for physical therapy 3 times a week for 4 weeks for the lumbar spine is not medically necessary.