

Case Number:	CM13-0060292		
Date Assigned:	12/30/2013	Date of Injury:	08/12/2005
Decision Date:	03/28/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/03/2013

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; Pain Management 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 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:

This is a 47 year old female who was injured on 8/12/2005. According to the 12/6/13 report from [REDACTED], she presents with 8/10 low back and left lower extremity pain. Her diagnoses includes s/p remote lumbar decompression, Sept. 2009; and neural encroachment left L4/5 with radiculopathy, refractory. On 11/14/13, UR reviewed [REDACTED]. [REDACTED] 10/18/13 report and recommended against PT 2x4. Unfortunately, the 10/18/13 medical report with the request and rationale for PT 2x4 was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Physical Therapy for the Lumbar Spine, 2 times a week for 4 weeks:

Overtured

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

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

Decision rationale: The patient presents with low back and left lower extremity pain. I have been asked to review for PT 2x4, which was apparently requested on a 10/18/13 medical report

that was not provided for IMR. The prior reports are dated 9/20/13, and 8/20/13. These reports note worsening lower back and leg pain and attempted to get authorization for an ESI and medications. They did not mention PT. On 12/6/13 [REDACTED] requests a new LSO, continues to request an LESI, and requests additional PT 3x4. MTUS recommends 8-10 visits for various myalgias and neuralgias. The records do not indicate that the patient has had any PT following the flare-up in August 2013. The request for 8 sessions of PT, based on the available information, appears to be in accordance with MTUS recommendations.