

Case Number:	CM13-0066292		
Date Assigned:	01/03/2014	Date of Injury:	04/18/2013
Decision Date:	05/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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; 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 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 44 year old female with date of injury 4/18/13. The treating physician report dated 10/23/13 indicates that the patient presents with low back pain that is reduced with medication usage. There is documentation of L4/5 and L5/S1 disc bulges with radiculopathy affecting L4/5 and L5/S1. The current diagnosis listed is Work-Related Injury to the Lumbosacral Spine. The utilization review report dated 12/2/13 denied the request for Physical Therapy 3x4 based on the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: The patient presents with chronic lower back pain and left extremity pain. The treating physician report dated 8/5/13 states, "Patient has exhausted conservative management with medication and therapy and has continued to be symptomatic." In reviewing the treating physician reports provided there was no indication how many therapy sessions were previously completed. The MTUS guidelines allow 8-10 therapy visits for patients with radicular pain. The current request for 12 sessions exceeds what MTUS allows for this type of condition. The request for Physical Therapy is not medically necessary.