

Case Number:	CM13-0072196		
Date Assigned:	01/08/2014	Date of Injury:	05/01/2010
Decision Date:	06/13/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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 Pain Management, 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 32-year-old with an injury date on May 1, 2010. Based on the November 22, 2013 progress report provided by [REDACTED] the diagnoses are discogenic lumbar condition with facet inflammation and episode of depression, sleep issues, anxiety, and sexual dysfunction. An exam on November 22, 2013 showed "tenderness along the lumbar paraspinal muscles. Lumbar flexion less than 20 degrees and extension less than 10 degrees. Straight leg raise negative bilaterally. Milgram test causes low back pain." Review of the reports do not show any evidence of physical therapy being done in the past. [REDACTED] is requesting physical therapy for the L-spine (12 sessions). The utilization review determination being challenged is dated 12/9/13. [REDACTED] is the requesting provider, and he provided treatment reports from December 6, 2012 to November 22, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE SESSIONS OF PHYSICAL THERAPY TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 98-99.

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

Decision rationale: This patient presents with persistent lower back pain, muscle spasms, stiffness, tightness, radiating into right lower extremity. The treater has asked physical therapy for the L-spine (12 sessions) on November 22, 2013 for "lumbar stabilization and core strengthening." Records indicate patient has no history of recent physical therapy or surgery. The Chronic Pain Medical Treatment Guidelines state that for myalgia and myositis, nine to ten visits are recommended over eight weeks. For neuralgia, neuritis, and radiculitis, eight to ten visits are recommended. In this case, the treater has asked for 12 sessions of physical therapy for the L-spine which exceeds the Chronic Pain Medical Treatment Guidelines for this type of condition. The request for twelve sessions of physical therapy to the lumbar spine is not medically necessary and appropriate.