

Case Number:	CM14-0000566		
Date Assigned:	01/17/2014	Date of Injury:	10/24/2013
Decision Date:	11/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 51 year old female with an injury date of 10/24/13. Based on the 12/02/13 progress report provided by [REDACTED], the patient complains of low back pain with numbness in the hip and knee and decreased sensation in the left foot. The MRI of the lumbar spine on 09/25/13 showed asymmetric disc protrusion to the left causing moderate left neutral foraminal stenosis and touching the left S1 nerve root. The straight leg test was 45 degrees. The patient has limited range of motion on the left leg and has pain on the left buttock and at L4 and 5. She also has decreased sensation to the left lateral edge of foot. The diagnosis is lumbar pain, L4-5/sciatic nerve impingement. [REDACTED] is requesting physical therapy, 3 times per week for four weeks on lumbar. The utilization review determination being challenged is dated 12/18/13. [REDACTED] is the requesting provider, and she provided treatment reports from 10/28/13-12/02/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES PER WEEK TIMES FOUR WEEKS LUMBAR:
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: This patient presents low back pain with numbness in the hip and knee and decreased sensation in the left foot. The request is for physical therapy 3x4 to help the patient to return to normal activities. There is no documentation in the submitted medical reports indicating that the patient has previously received any physical therapy. However, MTUS guidelines pages 98 and 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician has asked for 12 sessions of physical therapy for the patient's lumbar spine. A shorter course of treatment may be reasonable but the requested 12 sessions exceeds what is allowed per MTUS. Therefore, the request is deemed not medically necessary.