

Case Number:	CM14-0003870		
Date Assigned:	01/31/2014	Date of Injury:	05/10/2011
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for right L5 and S1 nerve compression due to large disc herniations at L4-5 and L5-S1 associated with an industrial injury date of May 10, 2011. Treatment to date has included NSAIDs, opioids, physical therapy, and epidural steroid injections. Medical records from 2013 were reviewed. Patient complained of persistent lower back pain with occasional radiation into the left buttock. Physical examination showed lumbar spine tenderness, diminished sensation in the left L5 dermatome, mildly positive SLR in the left buttock, with normal ROM and MMT. The utilization review from December 18, 2013 modified the request for 8 sessions of physical therapy to 4 sessions of physical therapy to establish training and supervision for a transition to a dynamic home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated on page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transitioned into a self-directed home program. Guidelines recommend 8-10 visits over 4 weeks for cases of neuralgia, neuritis, and radiculitis. In this case, the patient completed 21 sessions of physical therapy for the lower back with noted improvement in pain scores. However, the request for 8 more sessions of physical therapy exceeds the recommended number of sessions for this case. There were no reports of functional deficits or worsening of symptoms. Furthermore, there is no mention of a definite functional goal that should be achieved with the patient's re-enrollment to this program. There are no reports as to why the patient is unable to perform home exercises; the patient is likewise expected to be well-versed in a self-directed home exercise program by now. The current request likewise did not specify the body part to be treated. Therefore, the request for physical therapy 2 times a week for 4 weeks is not medically necessary.