

Case Number:	CM14-0016334		
Date Assigned:	03/05/2014	Date of Injury:	07/17/2012
Decision Date:	04/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 and is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 07/17/2012. The mechanism of injury was not provided in the medical records. The patient was diagnosed with lumbosacral sprain. The patient's symptoms include low back and bilateral leg pain that gradually and steadily increases. The patient was noted to have moderate, tender to pressure bilateral paraspinals at L3-4 and L4-5. The patient's straight leg raising test was noted to be positive. The patient was noted to have a positive Spurling's test bilaterally. The patient's motor strength of bilateral upper extremities was noted to be within normal limits. Past medical treatment included bilateral L3 and L4 transforaminal epidural steroid injections on 11/06/2013. The patient was also noted to have previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE LUMBAR 2X4: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: According to the California MTUS Guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine in the conditions of neuralgia, neuritis, and radiculitis, unspecified at 8 to 10 visits. The most recent clinical note indicated the patient continues to have low back and bilateral leg pain and previous physical therapy sessions. In the absence of details regarding previous physical therapy treatment, such as duration of treatment and measurable objective functional gains made, the request for additional physical therapy is not supported. In addition to that, documented exceptional factors would be needed to warrant additional therapy that exceeds the guidelines limit. Given the above, the request for physical therapy to the lumbar area 2 times a week for 4 weeks is non-certified.