

Case Number:	CM14-0111647		
Date Assigned:	08/01/2014	Date of Injury:	01/17/2011
Decision Date:	09/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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 injured worker is a 50 year old male with an injury date of 01/17/11. The 07/24/14 progress report provided by [REDACTED], M.D., states that the injured worker presents with low back pain that radiates into the left leg. Also reported are antalgic gait, cane, lumbar spasm and lumbar list to left. Diagnoses include: Lumbar strain/sprain, L4-5 HNP, and Lumbar HNP L4-5/L5-S1 with root involvement. The injured worker is status post microdiscectomy L4-5 (11/14/12). The utilization review determination is dated 07/02/14. The request is for 8 physical therapy sessions for the lumbar spine. Treatment reports were provided from 04/20/14 to 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, lumbar spine x8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 127.

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

Decision rationale: The injured worker presents with low back pain that radiates into the left leg. Also reported are antalgic gait, cane, lumbar spasm, and lumbar list to left. The request is for physical therapy 8 sessions. Review of the report dated 5/5/14 shows 11 sessions of physical therapy. For physical therapy treatments, MTUS guidelines pages 98 and 99 state that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis, 8-10 visits are recommended. The provider does not explain why more physical therapy is needed. There is no discussion regarding transition into a home program. The patient has already had 11 visits and an additional 8 visits would exceed what is allowed by MTUS. Therefore, this request is not medically necessary.