

Case Number:	CM14-0113499		
Date Assigned:	08/01/2014	Date of Injury:	11/22/2013
Decision Date:	12/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 30 year old male with an injury date of 11/22/13. Based on the 03/07/14 QME Report provided by [REDACTED], the patient complains of low back pain rated 2-3/10. He has a normal gait without a limp. Physical examination to the lumbar spine revealed 2" mid lumbar scar, minimal tenderness to palpation to paralumbar muscles and minimal objective spasm. Patellar reflexes were hypoactive bilaterally. Lumbar flexion was 75% of normal. Patient has reached maximum medical improvement and is permanent and stationary. Provider states patient should be given physical therapy 12 sessions per year to continue strengthening of his core musculature. Per progress report dated 01/27/14 by [REDACTED], "the patient has done well with physical therapy and is requesting more visits." Diagnosis 03/07/14 are status post left knee anterior cruciate ligament reconstruction, 2011, status post right L5-S1 hemilaminectomies and microdiscectomy, 03/19/13, moderate obesity, hypertension and chronic low back pain, right lumbar radiculopathy. [REDACTED] is requesting Additional PT x 6 Lumbar Spine. The utilization review determination being challenged is dated 07/08/14. The rationale is "patient has completed 9 of 12 authorized sessions. Additional therapy is recommended, however patient does not have functional limitations on examination." [REDACTED] is the requesting provider and he provided treatment reports from 01/27/14 - 06/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT x 6 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines/Lumbar chapter - Physical/Occupational Therapy:

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

Decision rationale: The patient is status post right L5-S1 hemilaminectomies and microdiscectomy, 03/19/13 and presents with low back pain rated 2-3/10. The request is for Additional PT x 6 Lumbar Spine. Patient's diagnosis dated 03/07/14 included chronic low back pain, right lumbar radiculopathy. The patient is not currently under post-operative time-frame. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 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." UR letter dated 07/08/14 states that patient has completed 9 of 12 authorized sessions. Per progress report dated 01/27/14 by [REDACTED], "the patient has done well with physical therapy and is requesting more visits." However, provider has not discussed why the patient requires formalized therapy and is unable to do home exercises. There is no discussion of flare-up's, new injury or new symptoms warranting additional treatment. Therefore this request is not medically necessary.