

Case Number:	CM14-0120805		
Date Assigned:	08/06/2014	Date of Injury:	07/19/1998
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/31/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 48 year-old with a work injury dated 07/19/1998. The diagnoses include herniated disk of lumbar spine L3-L4, L4-L5, and L5-S1. Under consideration is a request for physical therapy 2 times a week for 4 weeks for the lumbar spine. There is a primary treating physician (PR-2) document dated 07/02/2014 which is handwritten and limited in documentation. The document states that the patient has low back pain. Objective findings include decreased lumbar range of motion. The diagnosis is herniated disc lumbar; status post epidural steroid injection (ESI) and the treatment plan is physical therapy. Per documentation the patient was seen after his injury for his low back and he was prescribed medication and therapy. The documentation also indicates the therapy did not help the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, 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 guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had prior therapy. Without clear documentation of how much therapy he has had and the efficacy of this therapy additional physical therapy cannot be recommended and therefore the request for physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary.