

Case Number:	CM14-0122554		
Date Assigned:	08/06/2014	Date of Injury:	07/03/2008
Decision Date:	11/17/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 Pain 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:

This is a patient with a date of injury of 7/3/08. A utilization review determination dated 7/28/14 recommends modification of PT from 8 sessions to 4 sessions. 7/10/14 medical report identifies low back and left leg pain s/p microdiscectomy 2/14/14. Did well after surgery for one month and had acute onset of pain. MRI was said to be significant for recurrent disc herniation. S/P PT with continued improvement. Patient wants more PT as it helped her and she complains of mostly back pain and no leg pain at this time. She is not taking pain medications. On exam, there is good ROM, 5/5 strength, and full sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Physical Therapy Sessions, 2x/wk for 2 weeks, Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the

documentation available for review, there is documentation of completion of prior PT sessions with improvement, albeit unspecified. However, there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy, as the patient is noted to have full range of motion and strength with intact sensation and no abnormal exam findings noted. In light of the above issues, the request for Physical Therapy is not medically necessary.