

Case Number:	CM14-0125844		
Date Assigned:	09/16/2014	Date of Injury:	05/21/2013
Decision Date:	10/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 Family Medicine and is licensed to practice in Utah. 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 44 year-old female. Her date of injury is 5/21/2013. The mechanism of injury is described as a slip and fall. The patient has been diagnosed with lumbar strain, lumbar spasm, lumbar disc derangement L4-L5, and lumbar radiculopathy. The patient's treatments have included light duty work restrictions, injections, 20 sessions of physical therapy, home exercise program, and medications. The physical exam findings dated 5/22/2014 show tenderness to palpation of the L4 to L5 spine. The anterior flexion was noted at 70 degrees. The straight leg raise was noted as down on the left leg. The patient's medications have included, but are not limited to, Advil. The request is for physical therapy of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 98-9. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: MTUS guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy of the lumbar spine. The

Physical Medicine Guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active, self-directed home physical medicine. For myalgia and myositis, they recommend 9-10 visits over 8 weeks; for neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. The clinical documents state that this patient has been approved for and attended 20 sessions of physical therapy. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy sessions are not indicated as a medical necessity to the patient at this time.