

Case Number:	CM14-0128037		
Date Assigned:	09/05/2014	Date of Injury:	12/21/2011
Decision Date:	10/08/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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:

The injured worker is a 57-year-old female with an original date of injury of December 21, 2011. The injured worker's industrially related diagnoses include chronic low back pain, lumbar herniated nucleus pulposus, and lumbar radiculopathy. The patient has had conservative treatment with physical therapy, TENS unit, and anticipates lumbar epidural steroid injection. Lumbar MRI on date of service may 13 2014 had documented a large 7 mm L4-L5 disc herniation. The disputed request is for 8 sessions of physical therapy for the lumbar spine. It was noted that a simultaneous requests was for 4 sessions of physical therapy following the lumbar epidural steroid injection, and this was certified after the utilization process was completed.

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 (QTY: 8) for the lumbar spine: Upheld

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

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

Decision rationale: In the case of this injured worker, one salient point is that the original date of injury was nearly 3 years ago. The patient has had conservative care with physical therapy,

and guidelines recommend tapering of formal physical therapy to self-directed home exercises. By this juncture in time, the patient should be well-versed in a home exercise. The patient already will have 4 sessions of physical therapy following a lumbar epidural steroid injection. Another 8 sessions of physical therapy is not warranted per MTUS and the patient should be transition to self-directed home exercise. If the patient clearly fails to progress in a home exercise program, consideration for formal physical therapy can be decided upon at that time.