

Case Number:	CM14-0153548		
Date Assigned:	09/23/2014	Date of Injury:	09/09/2005
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/19/2014

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 Interventional Spine 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 45 year old with an injury date on 9/9/05. Patient complains of lumbar pain radiating down left lower extremity with associated numbness per 8/15/14 report. Patient is taking Voltaren which has not helped per 8/15/14 report. Based on the 8/15/14 progress report provided by [REDACTED] the diagnoses are: 1. degenerative disc disease 2. annular tear 3. disc protrusion 4. left leg radiculopathy Exam on 8/15/14 showed "positive straight leg raise. Limited L-spine range of motion. [REDACTED] is requesting twelve sessions of physical therapy for the lumbar spine. The utilization review determination being challenged is dated 9/2/14. [REDACTED] is the requesting provider, and he provided treatment reports from 6/20/14 to 9/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy Section

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

Decision rationale: This patient presents with back pain and left leg pain. The treating physician has asked for twelve sessions of physical therapy for the lumbar spine on 8/15/14. Review of the reports do not show any evidence of recent physical therapy for this patient. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. As patient has not had recent physical therapy, a course of 10 physical therapy sessions is indicated. But the requested 12 sessions of physical therapy for the lumbar spine exceeds MTUS guidelines for this type of condition. The request is not medically necessary.