

Case Number:	CM14-0158461		
Date Assigned:	10/01/2014	Date of Injury:	12/10/2013
Decision Date:	12/22/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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 Management 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 12/10/13. A utilization review determination dated 9/22/14 recommends denial of Physical Therapy (PT). 9/17/14 medical report identifies that the patient had left L4-5 microdiscectomy on 2/10/14 with six sessions of aquatic therapy, but no land-based therapy. Currently, there are low back pain and muscle spasms. There is occasional pain in the left lateral thigh. Left EHL is 4-/5 and remaining motor groups are 4/5. There is decreased sensation in the left toes. Lumbar Range of Motion (ROM) is mildly decreased with pain at the limits of motion. The provider recommended a course of land-based PT with emphasis on core strengthening as the patient's job is strenuous in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99.

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, the provider notes that the patient received 6 sessions of aquatic therapy and no sessions of land-based therapy after microdiscectomy approximately 7 months prior to the current request. Some deficits on exam are noted. While a few sessions of PT may be appropriate to progress the patient into an independent home exercise program, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.