

Case Number:	CM14-0164136		
Date Assigned:	10/09/2014	Date of Injury:	09/12/2012
Decision Date:	12/11/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational 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:

Patient is a 44-year-old female who has submitted a claim for spondylolisthesis and sciatica associated with an industrial injury date of 9/12/2012. Medical records from 2014 were reviewed. Patient complained of low back pain, rated 4/10 in severity, radiating to the lower extremity. Aggravating factors included prolonged sitting and standing. Physical examination of the lumbar spine showed limited motion. There was weakness of bilateral lower extremity muscles. Treatment to date has included 12 sessions of physical therapy and medications. Utilization review from 8/28/2014 denied the request for physical therapy 2 x 6 for the lumbar spine because there was no documentation of exceptional indications for therapy extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guideline recommends 8 to 10 physical therapy visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, patient was able to complete 12 sessions of physical therapy. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from therapy. It was unclear why patient could not transition into a home exercise program to address residual deficits. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. Therefore, the request for physical therapy 2 x 6 for the lumbar spine was not medically necessary.