

Case Number:	CM14-0167031		
Date Assigned:	10/14/2014	Date of Injury:	05/20/2013
Decision Date:	11/17/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 55-year-old female with a date of injury of 05/20/2013. The listed diagnoses per [REDACTED] are: 1. L1-L2 central disk protrusion with spinal canal stenosis. 2. L3- L4 right paracentral disk protrusion with lateral recess stenosis. 3. L4-L5 disk protrusion with mild lateral recess stenosis. 4. L5-S1 degenerative disk disease and spondylosis. 5. Multilevel mild degenerative disk disease of the lumbar spine. 6. Lumbar radiculopathy. According to progress report 09/16/2014, the patient presents with increase in low back pain and right lower limb pain. She has completed 1 of 3 authorized physical therapy sessions which she states was "more of an evaluation, without much active therapy performed." Examination of the lumbar spine revealed Trendelenburg sign is positive bilaterally. All other examination findings were within normal limits. The patient had an MRI of the lower back on 02/10/2014 and LESI on 05/09/2014. The provider is requesting physical therapy 2 times a week for the next 6 weeks. Utilization review denied the request on 10/08/2014. Treatment reports from 01/21/2014 through 09/16/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week, lumbar spine qty: 12.00: Upheld

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

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

Decision rationale: This patient presents with low back and right lower limb pain. The provider is requesting physical therapy 2 times a week for the next 6 weeks for the lower back. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, the provider indicates the patient has received only 3 sessions of physical therapy. Review of the medical file includes physical therapy reports from 03/14/2014 through 04/29/2014 which indicates the patient has completed 12 sessions during that time. Report 04/17/2014 indicates the patient has moderate irritability with flex and sitting activities. It was noted patient has "good response to prescription" and is "improving." Physical therapy report 04/24/2014 states patient continually is responding well to treatment with noted improvement. Treatment plan was for patient to continue with therapy. In this case, the current request for additional 12 physical therapy sessions exceeds the MTUS recommendation. The provider does not discuss why the patient would not be able to now transition into a self-directed home exercise program. Therefore, this request is not medically necessary.