

Case Number:	CM14-0175760		
Date Assigned:	10/28/2014	Date of Injury:	01/27/1989
Decision Date:	12/04/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/22/2014

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 72 year old with an injury date on 1/27/89. Patient complains of left-sided low lumbar pain rated 10/10 per 9/23/14 report. Based on the 9/23/14 progress report provided by [REDACTED] the diagnosis is left lumbar facet pain, denied by independent medical review. Exam on 9/23/14 showed "exquisite pain with extension/rotation of L-spine on left side. Straight leg raise negative." Patient's treatment history includes medial branch block at L4-5 and L5-S1 from 6/10/14 with 90% reduction in pain, physical therapy, and medications. [REDACTED] is requesting physical therapy x 6 sessions lumbar spine. The utilization review determination being challenged is dated 10/16/14 and denies request due to lack of documentation of functional deficits. [REDACTED] is the requesting provider, and he provided treatment reports from 4/15/14 to 9/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 sessions Lumbar Spine: Overturned

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

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

Decision rationale: This patient presents with lower back pain. The provider has asked for physical therapy x 6 sessions lumbar spine on 9/23/14. Patient was previously authorized for 4 physical therapy sessions, but documentation does not state if patient attended them per utilization review dated 10/16/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has been authorized for 4 physical therapy sessions, but there is no documentation of therapy attendance. As patient does not have evidence of recent physical therapy, requested physical therapy x 6 sessions lumbar spine appears medically reasonable for persistent lumbar symptoms. Therefore, this request is medically necessary.