

Case Number:	CM14-0178760		
Date Assigned:	11/03/2014	Date of Injury:	06/23/2011
Decision Date:	12/08/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 67 year old female with an injury date of 06/23/11. Based on the progress report dated 09/09/14 provided by [REDACTED] the patient complains of pain rated 3-9/10, in the lower back which radiates down to both legs. Physical examination to the lumbar spine revealed mild palpable spasm in bilateral lumbar musculature with positive twitch response. Range of motion was mild to moderately painful, especially on lumbar extension. Positive Straight Leg Raise on the left at 45 to 60 degrees. Patient reports that physical therapy along with medications makes pain more manageable, per progress report dated 08/06/14. The patient has attended 10 sessions for the lumbar spine, per PT report dated 08/01/14. MRI of the Lumbar Spine, 05/08/14 showed slight progression of multifactorial changes with neural foraminal stenosis and borderline left lateral recess stenosis. Diagnoses 09/09/14 are lumbar sprain/ strain lumbago and lumbar radiculopathy. [REDACTED] is requesting for Physical Therapy to the Lumbar Spine, 2 x 6. The utilization review determination being challenged is dated 09/22/2014. The rationale was "lack of explicit documentation that demonstrates functional improvement from previous physical therapy sessions." Treatment reports were provided from 07/07/14 - 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the lumbar spine, 2 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents pain rated 3-9/10, in the lower back which radiates down to both legs. The request is for Physical Therapy to the Lumbar Spine, 2 x 6. The patient's diagnosis dated 09/09/14 included lumbar sprain/strain, lumbago, and lumbar radiculopathy. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Patient reports that physical therapy along with medications makes pain more manageable, per progress report dated 08/06/14. Per PT report dated 08/01/14, the patient has attended 10 sessions for the lumbar spine. The request for additional 12 sessions would exceed what is allowed by MTUS. Therefore, this request is not medically necessary.