

Case Number:	CM14-0181587		
Date Assigned:	11/06/2014	Date of Injury:	03/24/2014
Decision Date:	12/11/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/31/2014

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 45 years old male with an injury date on 03/24/2014. Based on the 09/15/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right-sided L5-S1 disc herniation with radiculopathy. 2. L4-L5 central disc protrusion. 3. L4-L5, L5-S1 discogenic back pain. According to this report, the patient complains of "low back pain, right leg pain and numbness." Objective findings indicates "decreased range of motion of the lumbar spine; midline and paraspinal tenderness, lumbar spine; and positive straight leg raise, right lower extremity, in sitting and supine position." There were no other significant findings noted on this report. The utilization review denied the request on 10/14/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional physical therapy 1 x 6 weeks for the lumbar spine as an outpatient: Upheld

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: According to the 09/15/2014 report by [REDACTED] this patient presents with "low back pain, right leg pain and numbness." The provider is requesting additional 6 sessions of physical therapy. The utilization review denial letter states "previously completed an unknown number of physical therapy visits. There is no documentation of objective improvement following those visits." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms but there is no such discussion. The provider does not discuss the patient's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the provider provide monitoring of the patient's progress and make appropriate recommendations. Therefore, this request is not medically necessary.