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| Case Number: | CM14-0184310 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 06/14/2014 |
| Decision Date: | 12/18/2014 | UR Denial Date: | 10/01/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 25 year old with an injury date on 6/14/14. The patient complains of constant low lumbar pain radiating into bilateral legs, right > left, and into right foot with numbness/tingling, overall pain rated 7/10 per 7/17/14 report. Based on the 7/17/14 progress report provided by the treating physician, the diagnoses are: 1. s/s lumbar; 2. neuralgia, neuritis, and radiculitis. Exam on 7/17/14 showed "decreased range of motion of L-spine by 20% in all planes, positive straight leg raise." Patient's treatment history includes medication (Hydrocodone, Naproxen, Prilosec, Gabapentin, Zolpidem), lumbar brace, chiropractic treatments. The treating physician is requesting physical therapy 2 times a week for 4 weeks for the lumbar spine. The utilization review determination being challenged is dated 10/1/14. The requesting physician provided treatment reports from 6/16/14 to 9/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Medicine

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, bilateral leg pain, right foot pain. The treating physician has asked for Physical Therapy 2 Times a Week for 4 Weeks for the Lumbar Spine on 7/17/14. The patient was authorized for 6 sessions of physical therapy which were completed between 6/16/14 and 7/16/14 according to physical therapy reports, but the efficacy was not mentioned in reports. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had 6 prior physical therapy sessions, and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treating physician does not indicate any rationale or goals for the requested 8 additional sessions of therapy. There is no discussion regarding treatment history to determine how the patient has responded to therapy treatments, only that "patient has had physical therapy" per 7/16/14 report. As the patient had prior 6 sessions (of unknown efficacy), the requested 8 additional sessions exceed what is allowed by MTUS for this type of condition. Therefore, the request is not medically necessary.